

CORNWALL COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

1956

R. N. CURNOW, M.B., B.S., D.P.H.

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HEALTH COMMITTEE

(as constituted at 31st December, 1956)

Chairman:

Mrs. M. F. WILLIAMS

Vice-Chairman:

W. J. T. PETERS

Members:

J. R. BAILEY	W. E. MILLER
Mrs. A. M. BLACKWOOD	N. H. R. NORMINGTON
S. J. L. CHUBB	W. G. OLD
Major C. A. E. CHUDLEIGH	J. C. PENBERTHY
T. B. EDDY	J. READ
F. EDE	DR. D. F. ROBB
J. H. HAWKEN	A. J. ROBERTS
F. G. FORD	J. M. TAMBLYN
Mrs. L. GARSTIN	Mrs. E. V. TOWNSEND
W. F. GLUYAS	P. M. WILLIAMS
F. L. HARRIS	Mrs. D. M. WILLS
E. G. LILLEY	

Representatives of Area Sub-Committees:

Area I	G. SIDDONS	Area IV	Rev. A. R. MEAD
Area II	W. HART	Area V	C. H. COLLINS
Area III	Dr. E. H. EASTCOTT	Area VI	Mrs. K. M. ALFORD
	Area VII	D. B. PEACOCK	

Co-Opted Members:

Mrs. W. G. BULTEEL	...	Cornwall County Nursing Association
Dr. J. P. B. ARTHUR	...	British Red Cross Society
Dr. W. L. STEWART	...	St. John Ambulance Brigade
Dr. W. LESLIE	...	Local Medical Committee
Miss J. A. FOSTER	...	Mental Health

Ex Officio:

The Chairman of the County Council.
 The Vice-Chairman of the County Council.
 The Chairman of the Finance Committee.

The work of the Health Committee is largely done through the following Sub-Committees:—

Ambulance Sub-Committee

Finance and General Sub-Committee

Maternity and Child Welfare Sub-Committee

Welfare Sub-Committee

Welfare House Sub-Committees

and

7 Health Area Sub-Committees

To the Chairman and Members of the Cornwall County Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County of Cornwall for the year 1956.

The vital statistics for the year 1956 show that the health of the County continued satisfactory.

The number of deaths from tuberculosis showed a further sharp fall, and was only half the number which occurred 2 years previously. For the first time also the number of notifications of new cases of tuberculosis fell sharply, and was in fact reduced by 25% in one year. It is to be hoped that this shows a definite fall in the incidence of the disease. This hope is supported by the fall in the proportion of positive reactors to tuberculin amongst 13-year-old children. The percentage which was 20 in 1954 had fallen to 15 in 1956. The concentrated drive against tuberculosis which has been such a feature of the Health Services in Cornwall for some years continued during 1956. For every new case of tuberculosis notified, an average of 7 contacts were examined, as compared with an average of 4.3 throughout the whole country.

The year 1956 will be noteworthy as the year in which vaccination against acute anterior poliomyelitis was introduced. An account of this and of original research work into the cause of leukaemia will be found in the Section on Epidemiology and Preventive Medicine.

I referred last year to the problem presented by the persistently high peri-natal death rate. During 1956 this problem was studied by representatives of General Medical Practitioners, the Hospital Authorities and Specialists, and the County Health Department. Steps are being taken, wherever practicable, to tackle this very serious problem.

The Sections on Mental Health contributed by Mr. Pascoe and on the Welfare Services by Mr. Mountford show continued progress and are well worth detailed study.

I cannot close this letter without reference to the achievement of the County Ambulance Service in winning the National Championship in 1956; to Mr. Collins for having been awarded a Doctorate of Philosophy; and to Mr. Mountford for having been called to the Bar.

Finally, I repeat most sincerely my acknowledgement of the help and encouragement I have received from the Chairman and Members of the Health Committee and my thanks to the many Voluntary Associations which have continued to help us so splendidly.

I am

Your obedient Servant,

R. N. CURNOW,
County Medical Officer.

June 1957.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1956.

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and Principal School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Assistant County Medical Officer and Supervisor of Midwives:

ANNIE MATHER M.B., Ch.B., D.P.H.

Assistant County Medical Officers:

Area 1 (Penzance)

D. L. JOHNSON, M.R.C.S., L.R.C.P., D.P.H. (Comm. 1.3.56)

Area 2 (Redruth)—

G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

Area 3 (Truro)—

V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.

Area 4 (St. Austell)—

J. G. S. TURNER, C.M.G., M.B., Ch.B., B.Sc., D.P.H., D.T.M.

Area 5 (Wadebridge)—

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

Area 6 (Launceston)—

*W. PATERSON, M.B., Ch.B., D.P.H.

Area 7 (Liskeard)—

P. J. FOX, M.B., B.Ch., D.P.H.

*Also School Medical Officer.

County Psychiatrist:

D. JACKSON, M.A., M.B., Ch.B., D.P.M.

Senior School Medical Officer:

C. C. ELLIOTT, D.S.C., V.R.D., M.D.

School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.
 MARGOT M. COOK, M.D., D.T.M., & H. (Comm. 1.3.56)
 MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H. (Retired 22.2.56)
 C. L. KNIGHT, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.
 §W. PATERSON, M.B., Ch.B., D.P.H.
 §J. REED, M.B., Ch.B., B.Sc., D.P.H.
 B. ROBERTS, M.R.C.S., L.R.C.P.
 WINIFRED, M. RYAN, M.R.C.S., L.R.C.P.
 G. W. WARD, M.B., Ch.B., D.P.H.
 §Also Assistant County Medical Officer.

Chief Dental Officer:

A. H. MILLETT, L.D.S.

Dental Officers:

R. J. R. BAKER, L.D.S. (Retired 30.11.56)
 K. BATTEN, L.D.S. (Part-time).
 P. S. R. CONRON, L.D.S.
 H. J. EAGLESON, L.D.S.
 W. H. ELLAM, B.D.S.
 J. G. GILLARD-BISHOP, L.D.S. (Comm. 15.5.56—Part-time)
 W. Mc.C. GRAVES-MORRIS, L.D.S., L.M.S.S.A. (Part-time)
 G. C. HODGSON, L.D.S.
 D. A. PATTERSON, L.D.S.
 C. SKINNER, L.D.S., L.M.S.S.A. (Comm. 10.9.56)
 F. R. TAYLOR, L.D.S. (Retired 2.6.56)
 E. R. TRYTHALL, L.D.S.
 G. TUNSTALL, L.D.S. (Part-time)
 R. G. WHEELER, L.D.S. (Part-time)

County Public Health Officer:

W. SHAW, Cert. R.S.I., F.P.H.I.A.

Assistant County Public Health Officer:

W. R. SAUNDERS, Cert. R.S.I.

County Nursing Officer, Non-Medical Supervisor of Midwives, and Superintendent Health Visitor:

Miss ANN WHITE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Deputy County Nursing Officer, etc.:

Miss M. A. PRICE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Assistant County Nursing Officers:

Area 1—Miss A. HANSBURY, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 2—Miss A. HOWARTH, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 3—Miss E. J. JENNINGS, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 4—Miss M. E. SPEAR, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 5—Miss B. H. FLETCHER, S.R.N., S.C.M., Q.N.S., H.V.Cert.
(Left. 31.10.56)

Miss K. A. PURKISS, S.R.N., S.C.M., Q.N.S., H.V.Cert.
(Comm. 19.11.56)

Area 6—Miss L. A. CULVERHOUSE, S.R.N., S.C.M., Q.N.S.
H.V.Cert.

Area 7—Miss G. I. JESS, S.R.N., S.C.M., Q.N.S., H.V.Cert.

County Ambulance Officer:

T. C. TRESIDDER, Commander of the Order of St. John.

Area Ambulance Supervisors:

Areas 1—3: F. POLKINGHORNE

Areas 4—7: D. C. B. PECKETT

Civil Defence Training: W. H. MAYCOCK

Transport Officer: J. J. PEARCE

County Welfare Officer:

F. R. MOUNTFORD, D.P.A., A.C.I.S., Barrister at Law.

Social Welfare Officer:

Mrs. B. J. BANHAM, S.R.N., Diploma Social Studies.

District Welfare Officer:

T. H. E. BECKETT.

County Mental Health Officer:

F. E. PASCOE, R.O.'s Cert.

Educational Psychologist:

J. E. COLLINS, Ph.D., B.A., Dip.Ed.Psych., A.B.Ps.S.

Psychiatric Social Worker:

Miss B. ROGERS, Social Science Diploma.

Mental Health Worker:

Miss B. M. SYRETT

Mental Health and Welfare Officers:

Area 1—P. A. CLIFTON
 Area 2—F. A. MARKS
 Area 3—S. R. MOYSE
 Area 4—W. St. A. SWEET
 Area 5—A. J. ARMSTRONG
 Area 6—H DAVEY, R.O.'s Cert.
 Area 7—W. V. COUCH
 Central B. BUCKINGHAM

Teachers of the Mentally Handicapped:

Miss A. BALCOMBE, Diploma N.A.M.H.
 Miss E. R. CREWE, Diploma N.A.M.H.
 Mrs. R. M. BLAKE, N.F.U., Diploma N.A.M.H., (Comm. 21.5.56)

County Home Help Organiser:

Mrs. E. L. CROTHERS, B.E.M.

Speech Therapists:

Miss G. O. FELL, L.C.S.T.
 Miss H. J. RICHARDS, L.C.S.T.

PART-TIME OFFICERS:**Chief Inspector under Food and Drugs Acts:**

K. R. C. MARTIN, M.I.W.M.A. (also Chief Inspector of Weights & Measures)

Public Analyst:

ERIC VOELCKER, A.R.C.S., F.R.I.C.
 Analytical Laboratory, Stuart House, 1, Tudor Street,
 London, E.C.4.

County Pathologist:

F. D. M. HOCKING, M.Sc., M.B., B.S., F.I.C., F.C.S.,
 Royal Cornwall Infirmary, Truro.

Chest Physicians: (under the Regional Hospital Board)

L. W. HALE, M.D., F.R.C.P.
 B. A. G. JENKINS, M.D., M.R.C.P.
 G. A. M. HALL, M.D., M.R.C.S.
 J. C. MELLOR, M.B., Ch.B.

STATISTICS AND SOCIAL CONDITIONS

Area of the County	864,126 acres
Population 1956 (Registrar General's estimate) ...	338,760
Population, 1951 census	343,447
Population, 1931 census	316,228
Censal increase	27,219
Percentage increase	8.6
Number of inhabited houses (1951 Census) ...	100,577
Rateable Value	£1,994,422
Sum represented by a penny rate	£13,458

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1952—56 is shown in the following table:—

	1952	1953	1954	1955	1956
Urban Districts ..	186,200	186,900	186,700	186,600	185,700
Rural Districts ...	154,661	154,563	154,650	153,160	153,060
Administrative County ...	340,861	341,463	341,350	339,760	338,760
Increase or decrease over previous year ..	+ 1,061	+ 602	— 113	—1,590	—1,000

Table I at the end of the Report shows the estimated population and number of births and deaths for 1956 in each of the County Districts of the County, whilst Table II gives a summary of these statistics for the County for recent years.

Births and Birth Rate

Live Births		Male	Female	Total
Legitimate	... ..	2,297	2,202	4,499
Illegitimate	... ..	114	107	221
Total	... ..	2,411	2,309	4,720
Birth rate per 1,000 of the population		...	...	13.93
Still Births		Male	Female	Total
Legitimate	... ..	72	56	128
Illegitimate	... ..	4	2	6
Total	... ..	76	58	134
Still birth rate per 1,000 of the population		...	...	0.40

The Birth Rate of 13.93 compares with a rate of 13.02 in 1955. The following are the rates for recent years:--

				Cornwall	England & Wales
1947	...	...	...	19.00	20.5
1948	...	...	...	16.33	17.9
1949	...	...	...	15.41	16.7
1950	...	...	...	13.99	15.8
1951	...	...	...	14.33	15.5
1952	...	...	..	14.32	15.3
1953	...	...	...	14.01	15.5
1954	...	...	...	14.00	15.2
1955	..	...	...	13.02	15.0
1956	...	...	...	13.93	

Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:—

Males	...	...	...	2,292
Females	...	..	...	2,337
Total	..	...	...	4,629

This gives a death rate of 13.67 as compared with a rate of 13.76 in 1955. The following are the rates for recent years:—

				Cornwall	England & Wales
1947	...	...	...	14.72	12.0
1948	...	...	...	12.93	10.8
1949	...	...	...	14.10	11.7
1950	...	...	...	13.69	11.6
1951	...	...	...	14.31	12.5
1952		...	...	12.84	11.3
1953	...	...	...	13.22	11.4
1954	...	...	...	13.23	11.3
1955	...	...	...	13.76	11.7
1956	...	...	...	13.67	

Infant Mortality

There were 110 infant deaths, representing a rate of 23.31 per 1,000 live births. This compares with a rate of 26.68 in 1955. The infant mortality rate is generally considered to be the best index we possess to the social circumstances of an area, as the rate tends to be high where bad housing, overcrowding, defective sanitation, and maternal ignorance and neglect are found.

Chief causes of death at all ages:—

	1955	1956
Disease of Heart and Blood Vessels ...	1,927	1,966
Cancer	746	684
Vascular lesions of nervous system ...	677	633
Respiratory disease	352	413
Suicide and deaths from violence ...	160	187
Tuberculosis	55	37

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1—5 ...	—	—	—	1	1
5—14 ...	—	—	—	—	—
15—24 ...	—	1	—	1	2
25—44 ...	7	5	3	4	19
45—64 ...	105	46	65	39	255
65—74 ...	162	126	106	91	485
75 & over	237	349	180	245	1,011
	511	527	354	381	1,773*

* including 8 deaths in Scilly Isles.

Number of Deaths at Different Periods of Life

Age Group				Male	Female	Total
Under 1 ... ..	...	...	...	56	54	110
1—4 ... ..	...	...	...	12	10	22
5—14 ... ..	...	...	...	14	4	18
15—24 ... ..	...	...	...	17	9	26
25—44 ... ..	...	...	...	95	63	158
45—64 ... ..	...	...	...	543	373	916
65—74 ... ..	...	...	...	656	568	1,224
75 & over ... ..	...	...	...	907	1,263	2,170
				2,300	2,344	4,644*

* including 15 deaths in Scilly Isles.

The following table shows the number of deaths which occurred in the various age-groups out of every 1,000 deaths which occurred in the County in the years 1906 and 1956:—

1906		1956
148	Under 1 year of age ...	24
51	Aged 1 year to 5 years ...	2
29	Aged 5 to 15 years ...	4
48	Aged 15 to 25 years ...	6
288	Aged 25 to 65 years ...	230
436	Aged 65 years and over ...	733

NATIONAL HEALTH SERVICE ACTS, 1946—49.

ADMINISTRATION

The administrative structure described in some detail in earlier Annual Reports has continued to function smoothly.

The areas into which the County has been divided are as follows:—

Area No.	Area Office Address.	County Districts	Area in Acres.	Estimated Population
1	1, North Parade, Penzance.	Penzance M.B.	3,155	19,800
		St. Ives M.B.	4,287	8,510
		St. Just U.D.	7,634	3,980
		West Penwith R.D.	59,792	17,430
			<hr/> 74,868	<hr/> 49,720
2	Station Hill, Redruth.	Helston M.B.	4,014	6,100
		Camborne-Redruth U.D.	22,062	35,270
		Kerrier R.D.	90,839	22,750
			<hr/> 116,915	<hr/> 64,120
3	6/7 Lemon Street, Truro.	Falmouth M.B.	1,880	16,500
		Penryn M.B.	829	4,330
		Truro City	2,634	13,510
		Truro R.D.	108,316	26,690
			<hr/> 113,659	<hr/> 61,030
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,300
		Lostwithiel M.B.	3,156	2,000
		Newquay U.D.	4,599	10,070
		St. Austell U.D.	18,379	23,430
		St. Austell R.D.	82,389	21,660
			<hr/> 111,502	<hr/> 59,460

Area No.	Area Office Address.	County Districts	Area in Acres.	Estimated Population
5	Hill Road, Wadebridge.	Bodmin M.B.	3,312	5,970
		Padstow U.D.	3,343	2,890
		Wadebridge R.D.	88,230	15,730
			<hr/> 94,885	<hr/> 24,590
6	Launceston.	Launceston M.B.	2,182	4,660
		Bude-Stratton U.D.	4,294	5,180
		Camelford R.D.	52,544	7,300
		Launceston R.D.	73,051	6,440
		Stratton R.D.	56,285	5,250
			<hr/> 188,356	<hr/> 28,830
7	Westbourne Liskeard	Liskeard M.B.	2,704	4,310
		Saltash M.B.	5,335	7,490
		Looe U.D.	1,691	3,720
		Torpoint U.D.	975	5,680
		St. Germans R.D.	48,433	15,820
		Liskeard R.D.	104,803	13,990
			<hr/> 163,941	<hr/> 51,010

CARE OF MOTHERS AND YOUNG CHILDREN

The County Council continues to provide for the care of expectant and nursing mothers, and for children under school age, under section 22 of the National Health Service Act 1948.

There was a further drop in the infant mortality rate from 26.68 in 1955 to 23.31, the fall being due to fewer deaths in babies aged 1 month to 1 year. The neonatal deaths remain fairly constant.

There was a slight decrease in the stillbirth rate from 28.8 (1955) to 27.6.

Ante-Natal care related to toxæmia

All local health authorities received a circular on this subject from the standing Maternity and Midwifery Advisory Committee of the Central Health Services Council. It is known that toxæmia of pregnancy is the principal cause of avoidable maternal deaths, and also the major cause of still-births, and neo-natal deaths. In Cornwall these rates are rather higher than the average for England and Wales.

Meetings were convened in each of the Hospital Management Committee areas, which were attended by workers in all three parts of the maternity services—officers of the local health authority, consultant obstetricians and general practitioners. Present practices and facilities were discussed and future needs considered. Several recommendations were made which are in process of being implemented and will be dealt with in next year's report.

Ante-Natal Clinics

The Regional Hospital Board provide ante-natal clinics which are attended by consultants and hospital staff. They cater for patients who are to have their confinements in hospital, and for any expectant mothers who are referred by their own doctors for consultant opinion. Women who intend having a domiciliary confinement are attended by their own doctors and midwives. Doctors were booked for over 99% of domiciliary confinements. Sometimes the doctor and midwife, who also has a responsibility for the patient, see them together either at the patient's home or in the surgery. There is good liaison here and it is hoped the practice will extend. The committee on toxæmia referred to previously recommend that ante-natal care should be organised by the general practitioner in conjunction with the midwife from early pregnancy.

Midwives clinics are increasing, and are held by midwives and health visitors in several centres. Those attending are small groups of expectant mothers booked for either home or hospital delivery. Classes are held in mothercraft and are mainly educational. Instruction is given in the course of labour, the use of the gas and air machine, and relaxation exercises. These classes were attended by 686 women who made 3,076 attendances. This is only a small proportion of expectant mothers, but of course many others have individual teaching in their own homes.

Maternity Accommodation

All hospital accommodation is provided by the Regional Hospital Board, and women needing hospital beds for medical reasons are referred by their own doctors. Patients needing hospital accommodation on social grounds are referred by the County Medical Officer. During the year 653 women were referred on social grounds; 63 to West Cornwall Hospital, 133 to Trebarras Maternity Home, 68 to St. Barnabas Hospital, 75 to Alexandra Maternity Home and 47 to Tavistock Maternity Home. This is 77 more than the number referred last year. All these homes are investigated and recommendation is made when home conditions are unfavourable. Consideration is given to such things as overcrowding, inadequate water supply, lack of home help and other domestic problems.

The following table shows the percentage of births which took place in the patients' homes or elsewhere, and also the number of practising midwives:—

Year	Total No. of births	Percentage of total births occurring in:—			Midwives	
		Patient's Home	Redruth Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.
1941	5281	65.2	19.1	15.7	231	137
1942	5126	63.4	20.1	16.5	238	157
1943	5134	58.5	19.8	21.7	186	152
1944	5853	54.0	25.0	21.0	250	154
1945	5222	54.0	23.0	23.0	223	152
1946	5910	56.4	21.2	22.4	181	137
1947	6288	58.3	19.7	22.0	195	145
1948	5521	57.3	23.8	18.9	193	140
1949	5214	56.7	33.2	10.1	215	128
1950	4883	58.2	29.5	12.3	187	123
1951	4985	58.3	34.8	6.9	187	120
1952	4996	58.7	35.6	5.7	184	120
1953	4903	55.36	40.92	3.72	186	127
1954	4935	54.22	42.74	3.04	198	135
1955	4553	57.11	40.06	2.83	185	135
1956	4854	54.16	42.69	3.15	173	127

Maternity Outfits

Sterilised maternity outfits are provided free for all domiciliary confinements. Outfits are distributed by midwives and by Health Area Offices.

Mother and Baby Home

Rosemundy Home at St. Agnes is maintained by the Cornwall Social and Moral Welfare Association subsidised by a grant from the County Council. There was accommodation for 24 girls and their babies. Since the introduction of the policy of reducing the period a girl stays in the Home, from six months to an average of three months according to need, there has been a slight increase in the number of girls admitted. During the year 50 girls were admitted, 20 from Cornwall and 30 from other authorities, but some of these were working in Cornwall, and 48 babies were born.

Unfortunately owing to defects in the structure of some of the buildings which have been added to the main house, it has been necessary to reduce the accommodation from 24 to 14 places. Preference of course will be given to Cornish girls, and the reduced accommodation should be more than enough to cover their needs.

Puerperal Pyrexia

The Puerperal Pyrexia Regulations which came into operation in 1951 define puerperal pyrexia as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days of childbirth or miscarriage."

Under these Regulations, 146 cases were notified during the year.

Ophthalmia Neonatorum

Two cases of ophthalmia neonatorum were notified during the year.

Both recovered with vision unimpaired.

The number of cases notified per 1,000 live births in recent years is as follows:—

Year	Total cases	No. per 1,000 live births
1946	7	1.4
1947	7	1.3
1948	6	1.1
1949	6	1.2
1950	2	0.4
1951	0	—
1952	5	1.01
1953	4	0.84
1954	1	0.21
1955	0	—
1956	2	0.42

Maternal Mortality

There were 8 deaths associated with childbirth. Four of these were due to toxæmia or eclampsia, three to pulmonary embolism, and one to septicaemia.

Two died undelivered, three babies were born alive, two still-born and one abortion.

The maternal mortality rate for Cornwall is 1.65 per 1,000 total births. The rate last year was 0.44.

The following are the rates for recent years:—

Year	Puerperal Sepsis		Other Causes		Total Maternal Deaths	Maternal Mortality Rates	
	No. of deaths	Rate	No. of deaths	Rate		Cornwall	England & Wales
1941	6	1.13	17	3.20	23	4.33	2.23
1942	2	0.39	8	1.56	10	1.95	2.01
1943	7	1.36	6	1.17	13	2.53	2.29
1944	6	1.03	14	2.39	20	3.42	1.93
1945	3	0.57	13	2.49	16	3.06	1.79
1946	1	0.17	5	0.85	6	1.02	1.43
1947	2	0.32	14	2.22	16	2.54	1.17
1948	—	0.00	7	1.27	7	1.27	1.02
1949	—	0.00	2	0.38	2	0.38	0.98
1950	—	0.00	8	1.64	8	1.64	0.86
1951	—	0.00	6	1.20	6	1.20	0.79
1952	—	0.00	7	1.40	7	1.40	0.72
1953	1	0.21	3	0.61	4	0.82	0.76
1954	—	0.00	5	1.01	5	1.01	0.58
1955	—	0.00	2	0.44	2	0.44	0.54
1956	—	0.00	—	0.00	8	1.65	

With such small figures rates are apt to be misleading. The following are quinquennial rates:—

	Cornwall		England & Wales
1937—41	2.66
1942—46	1.89
1947—51	0.96
1952—56	

Infant Mortality and Still-births

In 1956, 8 fewer babies died during their first year than in 1955 (110 compared with 118). This gives an infant death rate of 23.31 per 1,000 live births.

Four of the infants who died were illegitimate giving a rate of 18.1, compared with a rate of 23.6 for legitimate babies.

The number of babies dying in the first 4 weeks was 89 (93 last year), giving a neo-natal rate of 18.86. Eighty of these babies died during the first week (41 during the first day).

Many of these first week deaths result from prematurity, developmental defects and causes arising before or during birth. It is usual to consider

them with still-births, the combination being called perinatal deaths. The percentage of these deaths is very constant and is shown in the following table:—

Year	Still-births	Infant Deaths First Week	Total	Percentage of Total Births
1950	125	91	216	4.43
1951	116	87	203	4.07
1952	115	92	207	4.14
1953	118	85	203	4.14
1954	157	49	206	4.17
1955	129	80	209	4.59
1956	134	80	214	4.41

Prematurity is frequent in both neo-natal deaths and in still-births.

	Neo-Natal Deaths		Still-births	
	Pre-mature	Full Term	Pre-mature	Full Term
Prematurity only	... 25	—	20	—
Associated with maternal toxæmia	... 13	2	24	12
Difficult labour and birth injury	... 5	14	4	27
Congenital Malformation	... 7	4	6	5
Infection	... —	5	—	—
Other causes	... 5	8	2	11
Not known	... —	—	—	19
	55	33	56	74

The following table shows the place of birth:—

Born at	Neo-Natal Deaths		Still-Births	
	Pre-mature	Full Term	Pre-mature	Full Term
Hospital	... 40(171)	—	40	45
Nursing Home	... — (7)	—	—	2
Home and died at home	... 6(111)	—	16	27
Home and transferred to hospital	... 9 (16)	—	—	—

(Figures in brackets give the total number of premature births).

Child Welfare Centres

There are now 43 centres in the County, at which 97 sessions are held each month.

Number of children attending	...	3,851	(4,039)
Number of attendances under 1 year	...	14,085	(14,569)
Number of attendances 1—2 years	...	3,773	(4,307)
Number of attendances 2—5 years	...	3,959	(4,310)

Total attendances 21,817 (23,186)
(1955 figures in brackets)

At the voluntary clinics held monthly at St. Mawes and Portscatho, 47 children made 380 attendances (not included in the above figures).

Centres are held wherever there is sufficient demand, mainly in the towns and larger villages. Where premises are suitable health education is carried out, but this is not always easy, especially where there is no separate room in which toddlers can play. Treatment is not carried out at centres. The regular supervision of healthy children by doctors and nurses during the period of rapid development, is their chief value. Advice and help is given to the mothers, and where treatment is needed, children are referred to their private doctors. Centres are staffed by school medical officers and health visitors. The continued assistance and interest of many voluntary workers in weighing babies, clerical and other services is much appreciated and helps in the running of the centres.

Welfare Foods

No significant changes were made during the year in the arrangements for distributing National Welfare Foods, save that the number of applications for postal delivery has fallen so low that no special arrangements need now be made and the milk is packed and despatched by the office staff. Very few more than 20 tins of milk are now posted, compared with the 80 or so a week at the outset of the scheme, though there are two mothers living close together in a remote district beyond Truro, whose united demands are sufficiently large to justify a personal visit by the Food Distribution Officer, which is cheaper than the cost of postage!

When one considers that, as keepers of almost the only shop of its kind in a village community, many distributors are busy people working long hours, the accuracy with which they complete their returns, and their care of the stocks entrusted to them are truly creditable.

In big Centres, where the W.V.S. continue to distribute, the Council never have any difficulty with record-keeping and returns, and they cannot pay too high a tribute to the manner in which the problems of distribution on a large scale are approached and solved by the W.V.S. ladies.

There are now 174 distribution centres in the County, and the quantity of foods distributed is shown below:—

		1955	1956
National Dried Milk—tins	...	185,578	189,310
Cod Liver Oil—bottles	...	35,414	32,283
Vitamin Tablets—packets	...	10,708	15,109
Orange Juice—bottles	...	172,086	190,246

Family Planning Clinics

The work of these clinics is carried out by the Family Planning Association. Clinics continue to be held at Falmouth and St. Austell.

The Hayle branch of Falmouth Clinic has been transferred to Penzance. In the summer a fourth clinic was opened in Launceston.

There were one hundred and seven clinic sessions, and four hundred and thirty new patients attended these four clinics.

DENTAL SERVICE

The staff available for treating expectant and nursing mothers, pre-school children, and children attending maintained schools, stood at 9.3/11th dental officers at the end of the year. Although this figure is lower than last year, the progress of the scheme has been maintained to the extent, that on average, each dental officer devotes between 1/11th and 1/10th of his time to the maternity and child welfare service. This is a figure which is recommended by the Ministries of Health and Education as representing a fair allocation of time between the school dental service, and the priority service for mothers and pre-school children. It is interesting to record the development of this service within the larger local authority dental service.

Year		Number of sessions given to M. & C.W. service	% of total sessions given to M. & C.W. service
1953	...	215	5.6
1954	...	236	6.5
1955	...	342½	8.3
1956	...	384	9.4

The number of clinics at which mothers can obtain treatment remains at 22. One temporary clinic held in hired premises was closed during the latter part of the year. Its place was taken by the new 'Gloster' type mobile clinic which, in addition to visiting a number of schools in certain areas of the County, acted as a surgery for a short time at Looe. During the tour of the mobile unit this year, a small number of maternity and child welfare cases received treatment in addition to the appreciable number of school children. It is expected, as its presence becomes more widely known in the outlying areas, that greater use will be made of it. Of the 21 remaining clinics, 18 are permanent, the remaining 3 being temporary clinics held in hired premises.

This year saw the provision of dental X-ray facilities for the whole of the County completed by the purchase of one additional portable apparatus. There are now 5 pedestal type and 4 portable type machines in use. With this total of 9 X-ray machines available, no patient has an unreasonable journey to make when radiographic diagnosis is necessary.

During 1956 an extra 41½ sessions were given to the service compared with the previous year. This additional time was necessitated by an increase in the number of requests for treatment from expectant and nursing mothers. The statistical record shows that 377 mothers made a total of 1,689 attendances for treatment, and during the course of these visits 567 fillings were completed, 247 dentures fitted and 1,305 teeth extracted. Whilst the ratio

of extractions to fillings is far too high, it is heartening to be able to report that more teeth were saved for mothers this year. It is of interest to note that, even with the production of 70 additional dentures compared with 1955, the number of extractions remained approximately the same as the previous year. Whilst 30 fewer pre-school children were treated, the number of attendances they made was higher, and the volume of treatment given was greater than in 1955, thus adding evidence to support the belief held by many dental observers that dental decay is again increasing. All evidence seems to point to the higher consumption of sugar and allied products over the last few years, as being the main cause of the increased dental disease amongst children.

The dental service for expectant and nursing mothers and pre-school children, has maintained steady progress this year. Progress in the future, however, must depend upon an improvement in the staffing position which is at present nearly 3 officers under strength.

THE NURSING SERVICE

REPORT OF THE COUNTY NURSING OFFICER

The past year has not been an easy one. We are still very short of staff. At the end of December, 1956, our numbers were four less than at the end of the previous year. The work, however, continues to increase in most branches, but we have so far been able to avoid any breakdown. The staff are to be congratulated for their continued efforts, not only in maintaining the Service, but also in striving to improve it.

Our greatest shortage of staff this last year has been in the larger urban areas, where the population is more concentrated, and people tend to make a greater demand on the staff than those in the very rural areas.

We have another male nurse in training for district work, and, although his work is restricted to certain tasks, there is, nevertheless, a great deal he can do to lighten the burden of his female colleagues. There is also the advantage that in most instances he is married and therefore more likely to settle. One of the drawbacks to the recruitment of female married staff to Cornwall, is the lack of suitable posts for the husbands, many applicants having turned down appointments because of this.

Staff Employed by the County Council at 31st December, 1956:—**Administrative Staff**

County Nursing Officer	1
Deputy County Nursing Officer	...	...	...	...	...	1
Assistant County Nursing Officers	...	...	...	...	...	7

District Nurse-Midwives/Health Visitors

"Queen's" Nursing Sisters, S.R.N., S.C.M., Health Visitor's Certificate	...	...	...	...	...	42
State Registered Nurses, S.C.M., Health Visitor's Certificate	...	...	...	...	...	6
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	...	...	13
State Registered Nurses, S.C.M.	...	...	...	...	...	6
State Certified Midwives, S.E.A.N.	...	...	...	...	...	21

District Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	...	19
State Registered Nurses, S.C.M.	...	...	...	...	9
State Certified Midwives, S.E.A.N.	...	...	...	...	11

District Nurses

"Queen's" Male Nurse S.R.N.	...	...	...	...	1
State Registered Nurses	...	...	...	...	3
State Enrolled Assistant Nurses	...	...	...	...	2

Whole-time Health Visitors

State Registered Nurses, S.C.M.	}	Health	11
"Queen's" Nursing Sisters, S.C.M.		Visitor's	19
State Registered Nurses		Certificate	2

174

There was a slight increase in the sickness rate during 1956. The total amount of leave for all staff being 1,545 days, an average of 8.7 days per person.

Transport

Of the 174 members of the staff, 102 were provided with cars by the Authority; the remaining 72 provided their own.

Housing

During the year the County Council built a house which can be used as two flats, bringing the total accommodation provided up to 57 houses under

the control of the County Nursing Association. Of these, 32 are rented from Local Housing Authorities; 8 are rented from private individuals; and the remaining 17 are owned by the County Council or County Nursing Association. Thirty-two houses are furnished by the County Nursing Association; 22 are furnished by staff; and the other 3 are furnished by the owners. Houses rented from the Local Housing Authorities have not always proved satisfactory; it depends largely on the position. If it is on a very large housing estate in close proximity to the rest, the nurse does not get sufficient privacy, and in some instances this has been the cause of a nurse leaving.

Midwifery (Section 23)

Domiciliary midwifery is combined with district nursing throughout the county, and in the rural areas with health visiting also.

The number of midwives interested in the education of the expectant mother is gradually increasing as the demand comes from the public. In the very rural areas, the classes are held at the home of one of a small group. In some areas there have been occasions when fathers have been invited, and have shown a very lively interest in the subject under discussion.

Refresher Courses

During 1956, 30 midwives and 2 supervisors attended Refresher Courses. These Courses are a great stimulation. Not only do the Midwives hear of the latest methods, and learn about the use and effect of new drugs, but, being residential, the Courses allow time for discussion with colleagues from other parts of the country.

Supervision

The Senior Assistant County Medical Officer (Maternity & Child Welfare) is the Medical Supervisor of Midwives, and the County Nursing Officer, her Deputy and 7 Assistants are the non-medical supervisors. All domiciliary midwives are visited by supervisors quarterly, and more frequently if necessary.

Regular visits by supervisors	...	...	...	545
Other visits by supervisors	...	...	...	596
Special visits of enquiry	...	...	...	379

During the year 245 midwives notified their intention to practise in the County.

Domiciliary Cornwall County Council	...	...	...	172
Domiciliary in private practice	...	...	...	14
Institutions:—				
Hospital	...	...	...	54
Nursing Homes	...	...	...	5

Deliveries attended by domiciliary midwives:—

	As Midwives	As Maternity Nurses	Total
Cornwall County Council Midwives	2,134	479	2,613
Independent Midwives	10	5	15
	<hr/> 2,144 <hr/>	<hr/> 484 <hr/>	<hr/> 2,628 <hr/>

Deliveries in Institutions:—

In Hospitals	...	...	1,684
In Nursing Homes	...	...	149
			<hr/> 1,833 <hr/>

Visits paid by County Council Midwives:—

Ante-natal visits	...	...	29,700
Midwifery and maternity visits	...	...	56,034

Medical Aid forms sent in respect of:—

Mother during ante-natal period	...	...	210
Mother during labour	...	...	723
Mother during puerperium	...	...	135
Infants	...	...	157

Other statutory notifications were received as follows:—

Stillbirths	...	...	112
Deaths of Mothers	...	...	8
Infant deaths	...	...	94
Artificial feeding	...	...	517
Liability to be a source of infection	...	...	58

Gas and Air Analgesia in domiciliary midwifery

	County Council Midwives	Independent Midwives
Number of Midwives qualified to administer		
Gas and Air	127	2
Number of sets of apparatus	126	
Number of cases—doctor present	384	1
Number of cases—doctor not present	1,680	1
Number of cases in which Pethidine was administered by Midwife:		
Doctor present	268	4
Doctor not present	962	7

Health Visiting (Section 24)

During the year 10 candidates were accepted for the health visitors training course. Some of them were nurses who were already on the staff of the County.

There were 113 part-time Health Visitors (including 40 acting by virtue of a dispensation) at the end of December, the equivalent of 46 whole-time Health Visitors. Six Health Visitors attended Refresher Courses.

The following figures show the work of the Health Visitors:—

First visits to children under 1 year	...	...	4,509
Total number of children under 5 visited	...	...	20,513
Total visits to children under 1 year	...	...	52,422
Total visits to children 1—2 years	...	...	22,903
Total visits to children 2—5 years	...	...	46,119
Child Welfare Centres attended	...	...	2,194
Immunisation Clinics attended	...	...	219
Child Life Protection visits	...	...	89
First visits to expectant mothers	...	...	941
Total visits to expectant mothers	...	...	2,371
Other cases visited	...	...	15,396
Total number of households visited	...	...	16,784
Lectures and talks	...	...	601
Demonstrations	...	...	434
Attendances at Minor Ailment Clinics	...	...	573
Attendances at School Medical Inspections	...	...	644
Attendances at Hygiene Inspections	...	...	873
Re-inspections and Follow-up visits	...	...	1,864

Liaison with Other Workers

The health visitor and general practitioner in most areas, are getting to know each other better. The visits to the Geriatric Units by the staff are now well established, and information exchanged is a great help to all concerned. This also applies to the Paediatric Service in the eastern end of the county, and the health visitors are always consulted regarding home circumstances before any premature baby is discharged. If this happy arrangement could be carried out everywhere, it would add to the value of the Health Service to the community. Another link between the curative and preventive services is the visits of student nurses to our clinics, and their rounds with the district nurses. Also the lectures given by the Public Health staff to student nurses on the Social Aspects of Disease.

Home Nursing (Section 25)

Home Nursing is undertaken by 133 District Nurse-Midwives. During the year 11 Nurses completed their Queen's District training. There were at the end of December 74 Queen's Nursing Sisters working in the County, and 1 Male Queen's Nurse. Three Nurses attended Refresher Courses on Home Nursing.

Owing to the shortage of District Nurses during the last few months of the year, it has been necessary in one or two districts, to enlist the aid of

Nursing Auxiliaries to help with the older patients who do not require skilled attention and have no relatives to help.

Work done by District Nurses

Number of new patients:—

Surgical cases	...	...	...	...	2,493
Medical cases	...	...	...	...	7,959
Maternal complications	...	...	...	...	335
Infectious diseases (excluding T.B.)	...	...	...	...	260
Tuberculosis	...	...	...	...	314
					<hr/>
					11,361
					<hr/>

Visits paid:—

Surgical	...	...	...	...	...	38,895
Medical	...	...	...	...	...	153,318
Maternal Complications	...	...	...	...	...	2,740
Infectious diseases (excluding T.B.)	...	...	...	...	...	861
Tuberculosis	...	...	...	...	...	18,071
						<hr/>
						213,885
						<hr/>

Injectons included in above —83,007.

The above figures include 126,311 visits to 4,613 patients who were over 65 years of age, and 5,377 visits to 936 children under 5 years of age. Over 24 visits each were paid during the year to 1,827 people, making a total of 139,534 visits.

There are no nurses employed specially for the nursing of sick children, but those needing domiciliary care are attended by district nurses in the normal course of their duties.

It will be noted that there is a fairly large increase in the number of injections given.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

This Act provides for the registration and inspection of private day nurseries where children are cared for by the day, or for a period not exceeding six days, and also for the registration and inspection of persons, who for reward receive into their homes children under the age of five, to be cared for by the day, or for a period not exceeding six days.

There is only one nursery registered under this Act with accommodation for twelve children. One registration was cancelled by the owner.

There are no day nurseries provided by the County Council.

HEALTH OF CHILDREN — PREVENTION OF BREAK-UP OF FAMILIES

In accordance with the recommendations of the Minister of Health the Co-ordinating Committees set up in the seven health areas, continue to deal with "problem families." These families, though few, need help out of proportion to their numbers and often do not make use of the welfare services provided. They take a great deal of the time of health and social workers, and need constant, almost daily, supervision to prevent the break-up of the family, and the subsequent psychological and emotional instability of the children. Many agencies are interested in helping these families, and the work of the Co-ordinating Committee is to make a planned approach, thus avoiding visits from too many officers. The most suitable officer—the one who has the confidence of the family—is selected. He or she has an expert knowledge and wide understanding, and can give help and advice, and know where to turn for further help. The local workers of the statutory and voluntary associations are well known to each other, and can get into direct touch whenever the need arises. Local Co-ordinating Committees meet to discuss special difficulties and also act as Case Committees.

In some of these families the situation has arisen through the inefficiency of the mother. In these cases selected home helps are provided to train the mother in household management and budgeting. Another approach is by sending the mother and youngest children to the Mayflower Home for rehabilitation. Three families have had this training, and at the time of writing a fourth is awaiting admission.

It is found that although there is some improvement after discharge, close and constant supervision is necessary, and there is a tendency for these people to slide into adverse conditions again. The disadvantage of this scheme is that the father and older children are not included, and there is a temporary disruption of family life. The Health Committee in conjunction with the Children's Committee has agreed to increase the grant to the National Society for the Prevention of Cruelty to Children if that Society will provide a woman worker in Cornwall. One is at present training and it is hoped she will take up her duties in the Autumn. She will specialize in visiting problem families, and endeavour to rehabilitate them in their own homes, and of course the whole family will be included in this scheme.

NURSING HOMES

Nursing Homes are registered by the County Council under the Public Health Act, 1936. There are only seven Homes registered under this Act, with accommodation for twelve maternity and fifty-one other patients. Two Homes were closed by the owners, and one was transferred to other premises. There were sixty-four visits paid to these Homes.

DISABLED PERSONS AND OLD PERSONS' HOMES

Disabled and Old Persons' Homes are registered under the National Assistance Act 1948. At the end of the year there were twenty-eight Homes for Old People registered with accommodation for three hundred and seventy old persons. One Home was closed by the owners and four new Homes were registered. There is also the Malabar Home for the Blind with accommodation for twenty-nine blind persons.

During the year ninety-nine visits were paid to these Homes.

AMBULANCE SERVICE

REPORT OF THE COUNTY AMBULANCE OFFICER

From the statistics now revealed, it appears that our efforts in controlling the calls on the Ambulance Service, are showing results. Not only have we this year achieved a reduction in mileage, but we have reduced the number of patients carried. This is the cumulative result of introductions made in the Service over the years since 1948, such as the use of Medical Certificates, control, radio call-out, and the constant visits to hospitals and clinics made by myself and the Ambulance Supervisors, and the good feeling that has been built up between the hospital Transport Officers and our staff.

Maintenance and Servicing

The maintenance and servicing of the ambulance vehicles and nurses' cars, under the Mechanical Supervisor, continues to work smoothly.

Vehicle Strength and Replacement

Working on the Ministry's assumption that the life of a light utilecon vehicle is 100,000 miles, it has been decided to replace nine utilecon ambulances during the next financial year.

In my 1955 report, I stated that it had been decided to purchase a diesel-type ambulance. This car has been purchased with a diesel B.M.C. engine and is so far proving to be economical. In addition to having a diesel engine, a new venture was tried out in having a complete fibreglass body constructed on a complete aluminium alloy framework. The result has been very satisfactory, and comments made by the Ministry show their appreciation of this new design, which is lighter, and, having no wood used in its construction, obviates the trouble now being experienced because of the use of unseasoned timber.

Reciprocal Arrangements—Plymouth and Devon.

Arrangements previously reported continue to work well, and I would like to express my thanks to the Devon County Ambulance Officer, and the

Plymouth City Ambulance Officer and their staffs for their valued co-operation.

Ambulance Stations

The new Ambulance Station at Torpoint was officially opened on 4th June by the Chairman of the Health Committee. This station is modern in design and type, and has been admired by many other County Ambulance Staffs visiting the County.

Competitions

This year the efforts of the competition team have been attended with success. Cornwall County Ambulance Team won the No. 7 Regional Competition held in Plymouth, and were successful in winning the National Trophy at the National Competition held at Her Majesty's Police College at Ryton-on-Dunsmore, near Coventry.

Long Distance Transport

	1955	1956
No. of Patients carried by Ambulance and Utilecons	205	216
No. of Patients carried by rail (omitting patients for whom the County Council did not pay fares) ...	162	171
No. of Miles travelled by Patients by Rail ...	38,047	40,415

Voluntary Manning

During the year the voluntary personnel at Country Centres, transported 3,585 patients and travelled 120,432 miles. Thanks are due to the keenness of the St. John Ambulance Brigade and the British Red Cross Society.

Service Statistics

Patients carried and distances covered by the three services are shown in the table below:—

Ambulance Service

	1955	1956
No. of patients carried ...	36,850	33,167
No. of miles travelled ...	516,314	449,129

Utilecon Service

No. of patients carried ...	82,180	79,540
No. of miles travelled ...	654,568	651,838

Hospital Car Service

No. of patients carried ...	20,008	22,366
No. of miles travelled ...	273,441½	282,648½

Totals—All Services

No. of patients carried ...	139,038	135,073
No. of miles travelled ...	1,444,323½	1,433,615½

It will be noted that the 1956 figures show a decrease of 3,965 patients, and a decrease of 10,708 miles.

Hospital Car Service

The Hospital Car Service continues to function as an integral part of the Ambulance transport service arrangements of the County, and we are deeply indebted to the organisers and drivers of this most valuable Service.

Civil Defence

Of the peace-time establishment for the Ambulance and Casualty Collecting Section of 321, the total number enrolled is 257.

During the year we have increased the vehicle strength by two Civil Defence ambulances and two Casualty Collecting vehicles. This welcome increase provides facilities for training and exercises, and keeps the volunteers interested.

Early in the year we ran a week's intensive course for Locally Trained Instructors, for all Ambulance Supervisors and Depot Sergeants, and volunteers from the Ambulance and Casualty Collecting Section. From a class of 21, 12 obtained Full Instructors Certificates and 6 Restricted Certificates. These instructors have proved most helpful in assisting with the training of the volunteers, and members of the County Ambulance Service and Casualty Collecting Section of Civil Defence.

Ambulance Service

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
Penzance	229	566	4,111	4,906	3,005	47,719
Redruth	285	637	7,065	7,987	4,349	71,404
Truro	245	455	6,259	6,959	5,811	90,334
St. Austell	407	689	2,834	3,930	2,399	74,085
Wadebridge	163	323	1,326	1,812	1,104	53,043
Launceston	168	548	1,301	2,017	1,227	75,604
Liskeard	265	570	4,721	5,556	2,665	86,940
	1,762	3,788	27,617	33,167	20,560	499,129

Utilecon Service

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
Penzance	7	5	8,736	8,748	3,226	62,926
Redruth	2	—	17,838	17,840	6,146	124,087
Truro	13	6	15,590	15,609	7,027	117,918
St. Austell	15	6	10,894	10,915	2,256	93,117
Wadebridge	5	15	6,091	6,111	1,326	72,888
Launceston	2	10	8,242	8,254	1,268	97,170
Liskeard	9	4	12,050	12,063	1,597	83,732
	53	46	79,441	79,540	22,846	651,838

Hospital Car Service

Area	Total Patients	Number of Journeys	Mileage
Penzance ...	926	288	9,083½
Redruth ...	1,625	481	17,617
Truro ...	2,478	847	23,437
St. Austell ...	6,625	2,174	70,970
Wadebridge ...	3,208	1,074	55,574
Launceston ...	1,673	617	27,715
Liskeard ...	5,831	1,781	78,252
	<hr/> 22,366 <hr/>	<hr/> 7,262 <hr/>	<hr/> 282,648½ <hr/>

The total number of accident and emergency cases dealt with by the Service during the year was 5,649, making an average of one accident or emergency case every 93.3 minutes.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

A survey of the work of this Department is given below and in Table III at the end of the Report, will be found the number of infectious diseases notified in each County District in the County during the year. In Table IV is given the total number of cases notified in recent years.

The services for the Prevention of Tuberculosis, run in conjunction with the staff of the South Western Regional Hospital Board, continue to work smoothly. A report by Dr. Hale, Senior Chest Physician in the West Cornwall Hospital Area is included in this survey.

Deaths from tuberculosis have reached a very low level. The mortality rate over the past ten years has decreased by nearly 80 per cent. This is a reflection of the power of new drugs being used in the treatment, and not of the prevalence of the disease. During the ten year period 1946—55, there was a slight but steady rise in the number of new cases of tuberculosis discovered each year, due in part no doubt to improved methods of diagnosis, but in 1956 we seem to have turned a corner as there is a drop of no less than 25 per cent in new notified.

The most interesting development in the field of preventive medicine during the year, was the receipt of Ministry of Health Circular No. 2/56, outlining proposals for the use of a vaccine for the protection of children against paralytic poliomyelitis, and these arrangements are described below.

I have continued to act on behalf of the Regional Hospital Board, as Medical Superintendent of the County Isolation Hospital, Truro, for the purpose of correlating and expediting admissions. Clinical duties at the hospital are shared between my Deputy and a Consultant of the Regional Hospital Board, and in this way, I am kept in the closest touch with the prevalence and severity of infectious diseases in the County.

Diphtheria

There were no notifications of diphtheria in the County during 1956. A table of the incidence and mortality from diphtheria over the past fifteen years is shown below. It will be seen that there has only been one case during the past three years.

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Incidence	389	225	164	206	155	46	27	3	16	10	11	8	—	1	—
Deaths	24	12	8	6	10	5	—	1	1	1	3	—	—	1	—

The following table shows the immunisation state of the child population at the end of 1956.

Number of children at 31st December, 1956, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1942).

Age on 31.12.56 i.e. Born in Year	1956 Under 1	1955—1952 1—4	1951—1947 5—9	1946—1942 10—14	Total Under 15	
Last complete course of injections (whether primary or booster)						
A. 1952—1956	653	12,274	16,683	11,977	41,587	
B. 1951 or earlier	—	—	6,556	10,826	17,382	
<hr/>						
C. Estimated mid-year child population	4,520	18,820	49,320		72,660	
<hr/>						
Immunity Index (100 A/C)	1956	...	14.4	65.2	58.1	57.2
	1955	...	11.0	64.5	63.0	60.1
	1954	...	11.8	65.3	65.6	61.9
	1953	...	6.2	64.4	53.9	53.6

The immunity index for the previous three years is also shown. There has been a marked improvement in the index of the children immunised under one year of age. This welcome change is probably a reflection of the introduction at the end of 1952 of a combined vaccine against diphtheria and whooping cough. Whooping cough is still very much amongst us, and parents will accept immunisation which offers any protection against it.

Dysentery and Food Poisoning

Notifications of dysentery numbered 6 as compared with 21 in 1955, but notifications of food poisoning were again 63, the same as 1955 which was the highest number of cases notified since 1952.

Enteric Fever

No cases of typhoid occurred during the year, and only one case of paratyphoid was reported. This patient had recently returned from the British Embassy in Bagdad, and it is probable that she contracted the disease in Persia.

Leukaemia

During the year some research work was carried out in association with Dr. Alice Stewart of Oxford, concerning the cause of an increase in incidence of this disease which has occurred in recent years amongst all ages of the population, but particularly amongst children. The analysis of this survey is not yet complete, but a preliminary analysis suggests that the survey will be of value in pointing to possible preventive measures.

LEUKAEMIA & ALLEUKAEMIA

ENGLAND & WALES

DEATH RATES PER MILLION

1936 - 1955

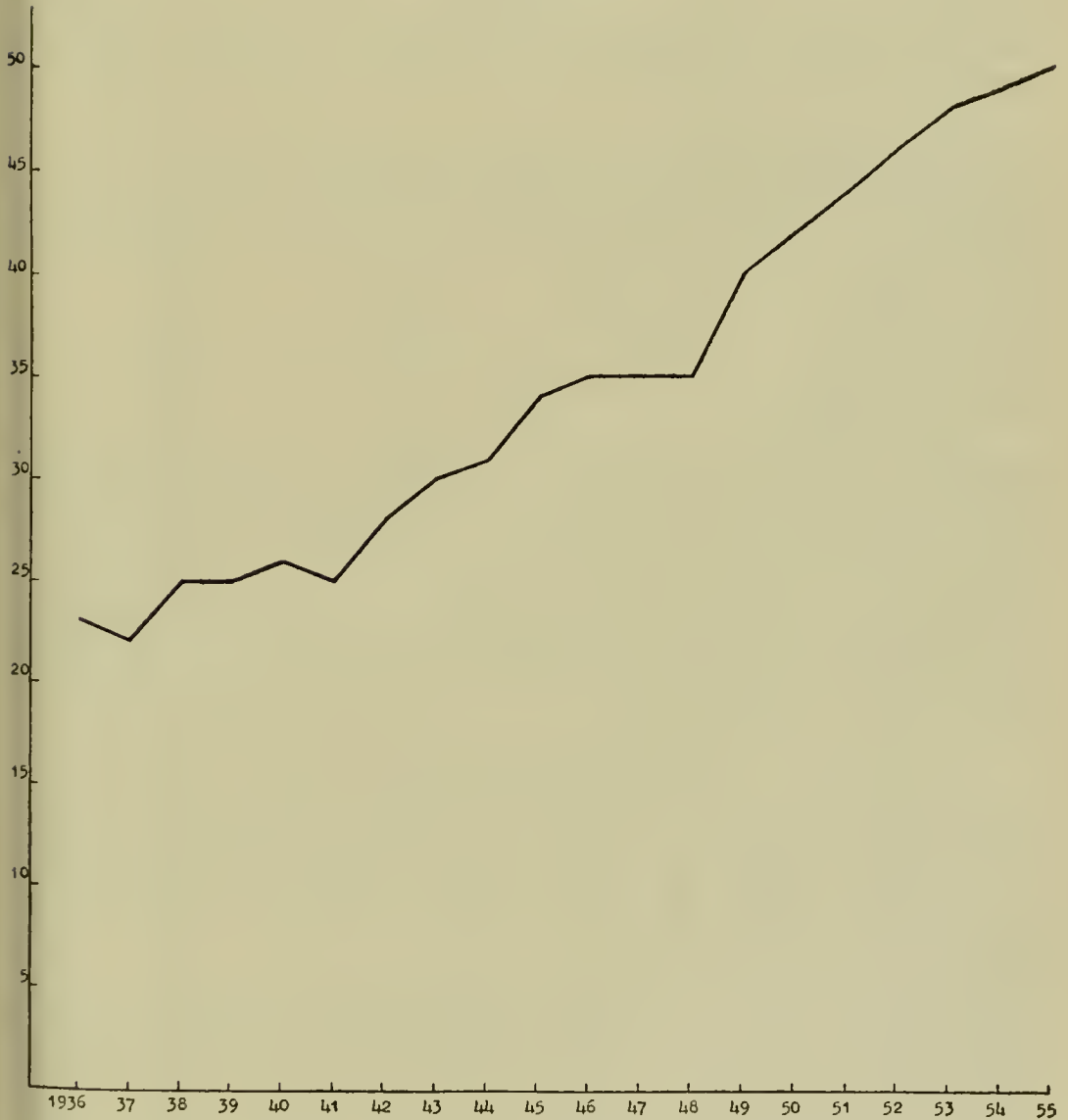


FIGURE 1

Little is known concerning the aetiology of leukaemia. Price's Text-book of Medicine, 1950, comments—"The aetiology is unknown and the disease appears to occupy an intermediate position between the reaction to infectious and noxious organisms on the one hand, and the true neoplasm on the other."

Mortality figures for England and Wales over the past 20 years are plotted on the graph reproduced in Figure 1, and show a steady rise in the crude death rate, the rate for 1955 being a little more than double that of 1936. After making allowance for better diagnostic facilities, there is no doubt that these figures reflect an increasing incidence of the disease.

Measles

5,216 cases were notified, the highest number since 1953, when there were 6,391 cases. Unfortunately no preventive measures are at present available against the disease.

Meningococcal Infections

Three cases were notified as compared with eleven last year, the 1956 figure being less than the average number of notifications in the previous five years.

Poliomyelitis

In all, 8 cases of A.P.M. were notified during the year, the lowest number since 1946.

Following the receipt of Circular No. 2/56, and in accordance with the Ministry's instructions, vaccination was offered on a voluntary basis for children born from 1947 to 1954 inclusive. An explanatory letter embodying a form of consent was sent to the parents of all children born in these years, and details of the scheme were published in local newspapers. 9,762 consents were received, representing 24% of the children in the County of the appropriate ages. These children were registered for vaccination, and a detailed analysis of the consents was supplied to the Medical Research Council for statistical purposes.

The selection of registered children for vaccination when vaccine became available in May and June, was done in London, in accordance with a plan designed to maintain an even spread throughout the eligible age-groups.

Children born in August 1947 to 1954 and October 1951 to 1954, were selected for vaccination with the first issue of vaccine, with children born in May 1947 to 1954 as reserves.

As was anticipated, vaccine sufficient for only about 10% of the eligible children in the country became available in May and June, and 1,006 Cornish children were given two injections during these months; a further 150 children received one injection only. At the end of June, vaccination was suspended as it was not considered safe to vaccinate during the poliomyelitis season—July to November.

Vaccination was carried out entirely by the medical staff of the Council, but general medical practitioners were given full details of the arrangements as they were made, and a notification was sent to the doctor concerned of the vaccination of each child.

It was expected that vaccination would be resumed at the close of the poliomyelitis season, but no further supplies of vaccine were received during the year.

When further supplies become available, the children already registered are to have priority for vaccination, and it is expected that general medical practitioners will be given an opportunity of taking part in the vaccination arrangements.

Acute Rheumatism

There were 19 cases of acute rheumatism in children under 16 years of age notified during 1956.

The following table shows the number of notified cases occurring annually since the disease was first added to the list of notifiable infectious diseases in October, 1950.

Year	Total Notified	Classified Non-Rheumatic	Classified Acute Rheumatism
1950	31	5	26
1951	30	5	25
1952	17	1	16
1953	16	2	14
1954	10	—	10
1955	—	—	—
1956	19	—	19

Tuberculosis

The following table shows the new notifications of tuberculosis in Cornwall during 1947—1956:—

New Notifications of Tuberculosis

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1947	110	72	182	15	13	28	125	85	210
1948	145	107	252	17	18	35	162	125	287
1949	141	121	262	27	20	47	168	141	309
1950	143	99	242	22	7	29	165	106	271
1951	139	108	247	25	34	59	164	142	306
1952	165	110	275	20	33	53	185	143	328
1953	160	141	301	35	32	67	195	173	368
1954	141	101	242	18	23	41	159	124	283
1955	155	103	258	15	13	28	170	116	286
1956	115	80	195	8	13	21	123	93	216

Deaths

The following table shows the deaths from respiratory and non-respiratory tuberculosis in recent years, together with death rates for Cornwall and England & Wales.

Year	CORNWALL			CORNWALL			ENGLAND & WALES		
	Number of Deaths			Death Rates			Death Rates		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1937	168	28	196	0.55	0.09	0.64	0.56	0.11	0.67
1938	150	44	194	0.49	0.14	0.63	0.52	0.10	0.62
1939	147	33	180	0.48	0.10	0.58	0.52	0.10	0.62
1940	169	41	210	0.51	0.12	0.63	0.56	0.11	0.67
1941	156	44	200	0.42	0.12	0.54	0.57	0.13	0.70
1942	142	35	177	0.41	0.10	0.51	0.50	0.11	0.61
1943	155	46	201	0.47	0.14	0.61	0.51	0.10	0.61
1944	132	29	161	0.41	0.09	0.50	0.47	0.10	0.57
1945	136	42	178	0.43	0.13	0.56	0.47	0.09	0.56
1946	132	39	171	0.41	0.12	0.53	0.45	0.08	0.53
1947	138	28	166	0.43	0.09	0.52	0.46	0.08	0.54
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.51
1949	127	23	150	0.38	0.07	0.45	0.40	0.05	0.45
1950	108	18	126	0.32	0.05	0.37	0.32	0.04	0.36
1951	85	16	101	0.25	0.05	0.30	0.27	0.04	0.31
1952	77	9	86	0.23	0.03	0.25	0.21	0.03	0.24
1953	58	13	71	0.17	0.04	0.21	0.18	0.02	0.20
1954	66	7	73	0.19	0.02	0.21	0.16	0.02	0.18
1955	48	7	55	0.14	0.02	0.16	0.13	0.02	0.15
1956	34	3	37	0.10	0.01	0.11			

Preventive Measures—School Children

During the 5 years in which B.C.G. vaccination has been available, there have been 22 cases of pulmonary tuberculosis amongst children in the age groups which have been eligible for vaccination, but no case has occurred in a child who has received B.C.G. vaccination.

The total figures for these years are set out below. It will be noticed that although more than 80% of parents agreed to their children having this protection only 70% were tested — the wastage of some 10% is due to children being away either when the test was given or for the reading of the test.

In view of the fact that 15 of the 22 cases of tuberculosis occurred in the untested group, every effort must be made to eliminate this wastage.

	Total Children	Mantoux Tested	Mantoux Positive	B.C.G. Vaccinated	Not Tested
	15,773	11,000	2,340	8,296	4,776
Cases of Pulmonary Tuberculosis	22		7	0	15*

* Two of these cases occurred before the children had been called for a Mantoux test.

REPORT OF SENIOR PHYSICIAN

"1956 has seen the disappearance, as a practical consideration, of the Waiting List for admission to Tehidy Chest Hospital. The average total of patients waiting, taken at the end of each quarter, is 9.75 (compared with 33.5 for 1955) Some of these patients are waiting for admission, or re-admission, at the end of a fixed period of time, usually for purposes of clinical assessment; it may be taken that the true waiting list is lower than the above figure, and in fact negligible. It has to be taken into consideration, however, that the disappearance of the Waiting List for admission to Tehidy is not entirely due to the decline in the incidence of pulmonary tuberculosis (and it should not be entirely so interpreted): present-day methods of treatment permit of considerably more effective home treatment with out-patient or visiting supervision, and this has lightened the pressure on hospital beds.

Contact examination has continued very satisfactory; the figure for 1956 shows an average of 7 Contacts examined per new case notified: this is a remarkably high figure (almost double that generally attained in other areas). The total notifications in 1956 were 172 (25 less than the preceding year), and the total number of new Contacts was correspondingly lower (1,234), yielding a total of 27 cases found to be tuberculous (this figure shows a rise of 5 compared with 1955, and is the highest figure in the past five years' contact work).

Of new cases notified, 65 were sputum positive when diagnosed, and 107 sputum negative (this figure should be viewed with caution, for it is of course not uncommon for a patient to yield a positive sputum at the fifth or sixth time of examination, and quite soon after notification).

An additional project undertaken during 1956/57 is the compilation of a list of chronic cases of pulmonary tuberculosis whose infectivity it has not been found possible to control by medical or surgical means (e.g. such patients are resistant to treatment with present-day antibiotics and either unfit for surgical treatment or unwilling to undergo it). It is thus hoped to achieve a figure of *known* constant disseminators of tubercle bacilli, whose potential danger to the community is mitigated only by the fallible measures comprised in the practice of personal hygiene (disposal of sputum, control of cough etc.)"

CARE AND AFTER-CARE

Tuberculosis

The environmental circumstances of each newly notified case of tuberculosis are reported upon by a Health Visitor unless the medical practitioner indicates that he does not wish the patient to be visited. The Health Visitor arranges for the patient and contacts to attend at the nearest dispensary, where the report is available to the Chest Physician.

If a domiciliary visit is necessary, this is arranged by the Health Visitor. The Chest Physician refers appropriate cases to the National Assistance Board, issues any certificates required, (e.g. for the exclusion of a child from school), and advises the Health Area Office of any such action taken by completing a report form which is forwarded with the report on home conditions and also contains any recommendations the Chest Physician may wish to make regarding re-housing, the loan of a shelter, bed or bedding, or the grant of extra nourishment, etc.

Recommendations for after-care are made on purely clinical grounds and the decision whether it should be provided by the County Council is made by the Assistant County Medical Officer after investigation of the financial circumstances of the patient.

The closest co-operation between the Health Area Office and the National Assistance Board ensures that everything possible is done to secure the social and physical welfare of patients and their families through the financial assistance of the Board and the after-care service of the County Council.

The Chest Physicians, who are responsible for the treatment of tuberculosis, are concerned also with preventive and care work, and are accordingly appointed jointly by the Regional Hospital Board and the County Council.

The nursing of patients in their own homes is undertaken by the County Council's District Nurses and nursing requisites are available from the nurses' loan cupboard.

In addition to the liaison with the National Assistance Board referred to above, close co-operation is maintained with Welfare Officers and with the Children's Officer, who has done invaluable work in arranging for the care of children of tuberculous parents who would be exposed to considerable risk of infection if allowed to remain in their own homes; for the temporary care of children to facilitate the institutional confinement of the mother where this has been necessary for medical or environmental reasons; and in many other directions where the duties of the Children's Department are related to the work of the Health Department.

During the year the Health Visitors attended 701 Chest Clinic Sessions, and paid a total of 8,835 visits to the homes of tuberculous persons.

Workshops and Settlements

During the year the County Council was financially responsible for the training of 2 patients in Village Settlements.

Other Types of Illness

Health Visitors undertake a great deal of work in visiting patients notified by hospital almoners as needing follow-up, and arrange for the provision of the services available from both statutory and voluntary sources.

Convalescent Holidays

Arrangements continue to be made to provide convalescence of the 'holiday home' type, and 72 persons were accommodated during the year.

The re-opening of the Epiphany Convalescent and Rest Home, St. Agnes in 1954 as a mixed home providing National Assistance Act Part III beds, and accommodation for convalescents, has been of the utmost value in this connection. Whereas formerly persons in need of convalescence had to go out of the County, where it was difficult and expensive for relatives to visit them, this is less often necessary, and the frequently changing and generally more youthful convalescent patients add variety to the lives of the people in the Part III beds.

During 1956, the Community of the Epiphany opened Rosewin, Truro, for both convalescent and Part III patients, but this Home caters only for women.

The majority of patients are referred by Hospital Almoners from among out-patients, who do not need the medical or nursing care which would qualify them for a period of convalescence under arrangements made by the Regional Hospital Board. Misunderstandings have arisen in the past, because patients are called upon to contribute in accordance with their means when convalescence is provided by the County Council, whereas those dealt with by the Regional Hospital Board are not required to pay, but these misunderstandings are less frequent now that the arrangements are better understood.

There is no doubt whatever of the value of providing convalescent holidays for selected patients. It has been the means of enabling persons who would otherwise have needed admission to mental hospitals or old people's homes to continue as useful members of the community, besides achieving the earlier restoration to full health of persons who have been ill. It has occasionally been found in the case of an elderly person that the hoped-for improvement in health, usually derived from a period of ample nourishment in happy surroundings and freedom from worry, has not been sufficient to enable the person to return to living alone. Nevertheless, the holiday in a home of the mixed type has formed a bridge over the gap between complete independence in his or her own home, and complete dependence in an Old Persons' Home, a bridge which most cross reluctantly and with great misgivings.

The figure quoted above takes no account of arrangements made for a number of persons whose means were such that they were required to meet the full cost of the accommodation provided.

Some patients have still to be sent out of the County, but an extension at the St. Agnes Home commenced during the year to provide 12 additional beds will, it is hoped, be brought into use from about June 1957, and it should then rarely be necessary for any patient to be sent further afield.

HEALTH EDUCATION

Health education is essential to Public Health problems of today, and has made rapid progress during recent years. Formerly attention was concentrated on environmental problems such as sewage and refuse disposal, water supplies; housing; and control of infectious disease. Now the emphasis has passed to child care; nutrition; prevention of accidents in the home, in industry and on the roads; promotion of personal hygiene; a high percentage of active immunity; rehabilitation of the aged and injured; satisfactory use of leisure; and many other problems which must be tackled by personal effort, and active co-operation is needed.

Health is a very positive thing, and a service which maintains health is better than one which promotes healing. It also has a great economic value.

The staff of the Health Department carry out this work and many talks and demonstrations are given to various organisations. Visual aids are frequently used and there are now seven film strip projectors and a library of forty-two film strips, which are in constant use. New strips are added as they become available. There is also a sound film projector and a few films, other films are hired as needed.

Other visual aids include flannel-graphs, roll-up blackboards, and demonstration material made by the staff.

In the autumn a two-day conference was held in Truro and a member of the Central Council for Health Education lectured to doctors and health visitors on "Teaching the Prevention of Home Accidents." There was also a session for home helps on "The Safe Home" with especial reference to the aged. These courses were much appreciated by all who attended, and the suggestions given have been put into practice.

DOMESTIC HELP SERVICE

The Home Help Service established under section 29 of the National Health Service Act 1948 continues to meet the demand. The duties and responsibilities of the service have widened, calling for more specialised and responsible work from the home helps. Broadly speaking the service deals with the following groups of patients:—

- (a) The aged, including the chronic sick;
- (b) The family;
- (c) The mentally ill;
- (d) The problem family;
- (e) Home confinements;
- (f) Tubercular households.

In January, 1956, we were able to transfer over 170 cases to the Home Aid Scheme, thereby reducing the demand on the Home Help Service. This

parallel service is operated by the National Assistance Board and supervised by the Women's Voluntary Service, and elderly people who are eligible for National Assistance and who require a maximum of 8 hours help per week, are given an additional grant by the Board to enable them to pay a home aid privately. The Women's Voluntary Service visit the homes and see that the work is satisfactory, and that the home aid is being paid by the pensioner and the insurance card is stamped. This service has reduced the percentage of cases of aged people served by the Home Help Service from 51 in 1955 to 47.6 in 1956.

The chronic sick, some of whom are bedfast, continue to have the services of a home help, who in addition to her normal duties may be required to undertake little personal services such as a relative would give, assisting with dressing, personal hygiene and so on. Sometimes a home help must return in the evening to prepare a hot drink, fill a hot water bottle and lock up, it may also be necessary for her to work on Sundays and public holidays, though often this work is done voluntarily. There is no doubt that the work for the aged is much appreciated and there are many home helps who take a great pride in looking after old people, and by their cheerful service add to the comfort and happiness of the patients who are thus enabled to live in their own homes.

Another gradual development of the service since 1948 has been the family home help. In most centres there are one or more home helps who are specially suited to care for children when the mother is ill or being confined in hospital, and by carefully selecting the home help, the service has been able to prevent the break-up of families and contribute to the mother's peace of mind and hasten her recovery. Most of these homes have presented any special difficulties, but in a few instances the home help has had to contend with enuresis, shortage of clothing and bedding, equipment and housekeeping money. Whenever the children are entirely in the care of a home help, the name and address of the family is passed to the health visitor who visits and advises if necessary. Sometimes a resident home help is required for one or more of the following reasons, the home is remote, the father is away, there is no adult in the house at night.

Some work has been carried out in the homes of the mentally ill, and by selecting the right home help the patient has been enabled to settle down and live a more normal life.

Work with problem families has continued, the health visitor supplying the advice, and the home help the practical assistance. Working with the mother, rather than doing the work, the home help is able to advise on general duties, budgeting, menu planning and cooking.

There has been a slight decline in the total number of cases served throughout the year, largely due to the cases that have been transferred to the Home Aid Scheme.

The following table shows the number of home helps employed.

	Number of home helps employed:			Number of cases served:			
	Whole time	Part time	Spare time	Maternity	Tuberculosis	Chronic sick & old age	Others
Area 1	2	4	20	20	2	99	13
Area 2	7	22	17	31	5	102	56
Area 3	20	6	14	55	18	129	94
Area 4	2	10	28	36	2	76	65
Area 5	—	—	13	11	2	32	18
Area 6	—	—	29	13	2	28	16
Area 7	—	6	40	26	2	68	56
Resident	2	—	1	39	—	1	6
Total	33	210		231	33	535	324

The following table shows the work over the previous four years.

Year	Equivalent No. of F.T. H. Hs.	Maternity	Tuberculosis	Chronic sick & old age	Others	Total
1953	104	281	26	377	467	1,151
1954	124	290	36	499	419	1,244
1955	146.5	236	43	632	307	1,218
1956	127.3	231	33	535	324	1,123

Again I must express my very sincere thanks to the W.V.S. County Organiser Lady Carew Pole, and to the voluntary Home Help Organisers, who have carried out their duties with tact and understanding and often at personal inconvenience.

MENTAL HEALTH

Duties of the County Council as Local Health Authority

The duties relating to the Mental Health Service which fall within the scope of the County Council, are set out in brief under the following headings:—

(A) Mental Illness

Preventive work.

Arrangements for the admission of patients requiring hospital care and treatment.

After care of patients leaving hospitals.

(B) Mental Deficiency

Ascertainment of all persons in the County who are mentally defective.

Supervision and care of mental defectives residing in the community.

Arrangements for the admission of patients requiring hospital care, treatment and training.

After care of patients discharged from hospitals.

Occupation and training of all suitable mental defectives in the County.

1. Administration

(a) Committee

The Welfare Sub-Committee of the Health Committee is responsible for the administration of the Mental Health Service of the County Council. Meetings are held at quarterly intervals when matters of policy are considered, together with a study of individual cases where necessary. The Chairman of the Sub-Committee is always available for consultation between meetings.

(b) (1) Staff

A detailed list of staff engaged in the Mental Health Service is shown at the beginning of the report. The following summary of duties, however, gives a brief idea of the part played by each person or group of persons, in linking the various facets of the Service into a compact and efficient whole.

The County Psychiatrist, who heads the Child Guidance Team, also devotes 50% of his time to the clinical work of Mental Deficiency. The County Mental Health Officer is responsible for the lay administration and general supervision of the Mental Health Service, and is Petitioning Officer for the purposes of the Mental Deficiency Acts. Although the Educational Psychologist is technically on the staff of the Education Committee, he nevertheless gives a great deal of help and guidance in the sphere of Mental Deficiency, but the Psychiatric Social Worker is fully employed in Child Guidance work. The female Mental Health Worker undertakes the supervision of selected Mental Defectives, carries out after care work in respect of patients discharged from Mental and Mental Deficiency Hospitals, and also assists in the training scheme for the mentally handicapped.

The bulk of the field work of the Mental Health Service, covering the initial admission of patients to hospitals, the supervision of Mental Defectives in the community, and the after care of patients discharged from Mental and Mental Deficiency Hospitals is carried out by seven male Officers, one in each of the Health Areas of the County. These Officers are of course Duly Authorised Officers for the purposes of the Lunacy, Mental Treatment and Mental Deficiency Acts, and between them they have the amazing total of 172 years practical experience in social work. During this time

they have been in close contact with literally many thousands of patients suffering from mental disabilities of one form or another.

Three teachers of the mentally handicapped deal with the training of Mental Defectives in the County in various centres and in the homes of patients.

(b) (2) Training of Staff

Much has been said and written during the past ten years on the staffing of Mental Health Field Services. The report of the Committee on Social Workers in the Mental Health Services, or as it is known, the Mackintosh Report, was published in January, 1951. A Working Party set up by the Minister of Health has been inquiring into the whole question of Social Workers in the Local Authorities' Health and Welfare Services, and of course a great deal of evidence has been given to the Royal Commission on the Law relating to Mental Illness and Medical Deficiency. As yet, however, no specific plans have emerged at Ministerial level for the recruitment, training and qualification of field staff in mental health work.

Psychiatric Social Workers have a recognised qualification, and are doing excellent work in their spheres of activity, but by far the greater bulk of the field work in Mental Health throughout the country is carried out by a body of officers referred to as Mental Health Officers, Mental Welfare Officers, Duty Authorised Officers or possibly by other titles. These officers have a large measure of individual responsibility: they deal personally with the day to day problems of mental illness and mental deficiency in the community and undertake a wealth of varied case work. In the main they are former Officers of the Poor Law period, with many years experience in social work. For this type of Officer there is now no recognised system of training, no specific qualification and no long-term plan for future recruitment. A Local Authority can, without let or hindrance, appoint anyone, regardless of experience or training to what may well be one of the key positions in the community aspect of the Mental Health Service. It is essential to build on the practical experience of present Mental Health Staff, with a nationally organised system of training and professional qualification. In addition to this, let us ensure the future of the Service by making conditions and salary scales commensurate with the undoubted responsibilities of the work and thus attract the right type of new entrants into this field.

This is a problem which cannot be kept in the background indefinitely if our services are to continue even at the present level.

In Cornwall the field staff have undergone courses of training organised locally in conjunction with Mental and Mental Deficiency Hospitals, and members attend refresher courses from time to time. This, however, cannot be regarded as an effective substitute for a recognised course of training for a professional qualification. Within the next ten years there will be

retirements from the ranks of our present field staff in Cornwall. From whence are suitably qualified and, what is equally important, experienced, replacements coming?

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees

Liaison with the South Western Regional Hospital Board and with the appropriate Hospital Groups within the Region has again been good. A very close relationship exists with the Royal Western Counties Hospital Group, and my thanks are due to the Medical Superintendent, Secretary and Staff for their continued co-operation and help. The supervision of patients on Licence from this Group is carried out by the Mental Health Staff of the County Council, and we endeavour to give some return in this respect for the co-operation we always receive. The County Mental Health Officer attends regular case conferences at Central Hospital, Starcross, and although the journey involved is somewhat long, the benefits which result from this close liaison are unmistakable..

Some problems have arisen during the year concerning the admission of patients, as vacancies for low grade adults and children are, in general, difficult to obtain. Due to the understanding and help of the Royal Western Counties Institution, it has been possible to avert any major crisis.

There seems no doubt that more money must be made available in the near future to provide additional accommodation.

After care in respect of selected patients discharged from St. Lawrence's Psychiatric Hospital is also undertaken by the Mental Health Staff, the bulk of the work being carried out by the seven Area Field Officers. The selection and referral of cases is done by the Hospital medical staff, and during the year there has been a very great increase in the number of patients referred. There is no doubt that this branch of mental health social work is a valuable part of the process of recovery and rehabilitation.

(d) Duties Delegated to Voluntary Associations

No duties relating to Mental Health are delegated to Voluntary Associations, although a very good liaison with such associations is maintained. The Hospital Car Service undertakes transport duties in connection with the training scheme for the mentally handicapped, and the ranks of the Women's Voluntary Service, British Red Cross Society and St. John Ambulance Brigade provide personnel for escort work and assistance in the training centres. These services are much appreciated.

2. Account of Work Undertaken in the Community

(a) Prevention of Mental Illness, Care and After Care

In my report for 1955, I dealt at some length with the rapid increase in the number of people requiring treatment for mental and nervous dis-

orders. During 1956, 928 patients were admitted to psychiatric hospitals, an increase of more than 100 over the previous year. This follows the pattern of the past five years, which has shown a progressive annual increase in the number of persons requiring in-patient treatment. Compared with the year 1951, admissions of patients to psychiatric hospitals from Cornwall during the year under review, have risen by over 56%, and there is no sign that the peak has yet been reached. Surely figures such as these, which must be repeated in most other parts of the country, point to the urgent need for research into national and crippling problem.

The main preventive weapon at present, in the campaign against mental illness is the Child Guidance Service. Can this truly be termed a preventive measure, or is it becoming more of a diagnostic procedure for disorders of behaviour, the seeds of which are already strongly sown? In my report as Principal School Medical Officer issued earlier, I pointed out that 358 new cases were seen at Child Guidance Clinics during 1956, but it is significant that only 21 of the cases referred were under the age of five years. Does this lead us to the conclusion that far more emphasis should be placed on the psychological training of medical students, student nurses and health visitors? One hears so often the phrase "He will grow out of it when he is older" in relation to some psychological disturbance in a child, that one wonders whether the true value of the Child Guidance Clinic is fully understood.

In the sphere of after care of patients discharged from psychiatric hospitals, I have already mentioned the great increase in numbers referred during the year. In actual fact, members of the Mental Health Staff have dealt with 224 new cases in 1956, compared with a total of 207 for the previous four years. This has thrown a very heavy burden on the staff concerned, and has meant a reduction of visits in many cases. One of the main reasons for the increase in referrals for after care lies in the fact that patients are now discharged from psychiatric hospitals after much shorter periods of treatment. Although the admission rate shows a steady increase each year, the total patient population remains fairly static, and this can be achieved only by reducing the length of the patients' stay. Many patients now return home and continue treatment as out-patients, although this is difficult in a rural county with a scattered population.

After-care work is of great value to the patient, particularly during the early stages of transition from hospital to community life. The Mental Health Social Worker can do much to reassure the patient, help with problems which may have been associated with the initial breakdown, and co-ordinate efforts of statutory and voluntary bodies, where help is needed from these sources. Liaison is also maintained between patient and hospital. The amount of useful work which can be done in this field is unlimited, and undoubtedly does much to prevent further breakdown.

(b) Initial Proceedings by Authorised Officers

The seven Mental Health Officers, who are accommodated in the Health Area Offices throughout the County, are of course Duly Authorised Officers for the purposes of the Lunacy and Mental Treatment Acts. These Officers are responsible for securing the admission of patients requiring treatment in psychiatric hospitals, and as such have a large measure of responsibility, both to the patient and the general public. A glance at the statistics at the end of this section of my report will show that out of a total of 928 admissions during the year, 562 patients were admitted by the Mental Health Staff. Although many voluntary patients now enter mental hospitals on a direct basis, all Health Service patients who are not suitable for voluntary admission are dealt with by the Authorised Officers. It is not generally understood that these Officers are responsible in law for deciding the course of action to be taken in each case in which it is their duty to act. Quite rightly they are guided by medical opinion, but this does not relieve them of their personal responsibility for the course they adopt, and would be no answer to an action for damages brought against them.

During the past few years some confusion has arisen, mainly, I think, in the minds of General Practitioners, on the use of what is termed "a 14 day Order." Section 21 of the Lunacy Act, 1890, as amended, lays down a procedure for the detention of a person of unsound mind for a period not exceeding fourteen days. The Order is made by a Justice, and does not require the supporting certificate of a Medical Practitioner. This section was designed originally to deal with an urgent case where immediate control was necessary, and where it was unwise to delay action whilst proceedings for a Summary Reception Order were taken. In the passage of time, the "14 day Order" has come into prominence, not as an emergency measure, but as a legal provision to admit a patient for treatment in a psychiatric hospital, and at the same time avoid certification. The National Health Service Act of 1946, further extended the usefulness of this provision by giving the Hospital Medical Officer power to extend the "14 day Order" by a further fourteen days.

This is an excellent trend and does avoid certification in a large number of cases. Many people who are acutely ill on admission, recover sufficiently during the fourteen or twenty-eight days, as the case may be, to become Voluntary Patients. What must be borne in mind, however, is the inescapable fact that to be the subject of a "14 day Order," the patient must be a person of unsound mind, and a person in respect of whom a Summary Reception Order might be made.. It is quite definite that the "14 day Order" cannot be used to secure the admission of a person, unless that person is in fact "Certifiable."

(c) Mental Deficiency Acts, 1913—1938

(1) Ascertainment and Supervision

During the year 70 new cases were reported for action under the Mental Deficiency Acts, the main source being the Education Authority. The

majority of these patients remain in the community where they receive regular domiciliary supervision and active help from the Mental Health Staff. Children who have been classified as ineducable within the normal education provisions, but who are suitable for training, attend group training centres or receive tuition in their homes. Young persons who are reported on account of mental retardation when they leave school, are helped in conjunction with the Youth Employment Service to obtain work. Where necessary, arrangements are made with Mental Deficiency Hospitals for residential care and training.

There are over 500 mental defectives in Cornwall who are visited in their homes by members of the Mental Health Staff. Apart from giving constructive help to patients and families, the Mental Health Officer co-ordinates the activities of other official and voluntary bodies, which are now appearing in this field of work.

Patients who are placed on licence in the County following residential training in Mental Deficiency Hospitals are supervised and helped on behalf of the hospitals concerned, in their adjustment to the changed environment. After care is provided for patients who are completely discharged from residential care. In addition many enquiries into home circumstances are carried out on behalf of hospitals for the purpose of holiday leave for patients. Home conditions are also investigated for the information of the Visiting Justices, who consider the future care of all patients in Mental Deficiency Hospitals at statutory intervals.

As will be realised from this brief description, a very considerable amount of social work is done in mental deficiency. This work is not new; it has been going on quietly for the past forty years, but it has gathered momentum and greatly expanded during the past decade. I sometimes feel, however, that even in these enlightened days, people do not realise just how much is accomplished: mental deficiency is not a spectacular field, yielding quick results. Much of what is done, both in hospitals and in the community, is the result of unlimited patience, understanding of the problem and long term planning. Nevertheless, the results, when finally achieved, are gratifying.

(2) Occupation and Training

The second full year of training of the mentally handicapped in the community has been completed, and has been a year of steady progress within the financial limitations imposed by present day economy. A third Teacher of the Mentally Handicapped was appointed, and we were fortunate to secure the services of Mrs. R. M. Blake, former tutor of the National Association for Mental Health. Mrs. Blake has had a very wide experience in this work and with the two original teachers, Miss Balcombe and Miss Crew, forms the nucleus of our training scheme.

The three main Group Centres at Falmouth, Hayle and St. Austell have operated throughout the year, and each centre caters for mentally

retarded children living within a reasonable radius, for two days weekly during school terms. School meals are provided and the children are encouraged to feel that they go to school in the same way as their brothers and sisters. In addition to these main centres, the training groups at Wadebridge and Bude, which were held at three-weekly intervals, have been increased to one session weekly at each centre. A further weekly group has been organised at Trewellard, in the remote west of the County. In addition to the groups, home teaching is carried out in the more remote areas, where sometimes it is possible to teach two children in the home of one.

At the end of 1955, 57 mentally retarded patients, mainly children excluded from school as ineducable were receiving training. I am pleased to report that one year later we are not only providing more training per patient in many cases, but have extended the facilities to cover 77 children and adolescents. Of this number 49 are trained in the Group Centres and 28 in their homes.

In the Centres, the teachers depend on voluntary help in caring for their charges, and this has been forthcoming from various organisations. Some helpers have, in fact, displayed exceptional talent in this field of work following the instruction and example of the teacher in charge. Children are conveyed to and from the centres by the Hospital Car Service, and again voluntary helpers escort the children on the journeys. I cannot speak too highly of the voluntary work being done by private individuals and members of the well known Voluntary Associations in this field.

Of the training itself, perhaps it would be as well to say that formal education of the type popularly known as the three Rs, is not in evidence in any of the centres. In dealing with the mentally retarded the most important feature is that of recognition of the limitations imposed by the defect. Any efforts to push the child beyond these limits will end in disaster. Whilst with some children it is possible to teach them to tell the time, read simple stories and even have an understanding of very simple monetary values, in general the child classified as ineducable within the education system cannot reach this level. In the main, habit training, sense training, physical training, speech training, handwork, music and movement and training in simple domestic tasks constitute the timetable, with plenty of opportunities for free play. Many children are physically as well as mentally handicapped, and it is important that each child is treated as a whole. A timetable, therefore, must be flexible enough to allow for individual factors to be taken into account.

Christmas parties were held at the three main centres, and these were thoroughly enjoyed by children, parents and staff. Here, again, voluntary effort was much in evidence, in the supply of presents for the Christmas trees, food and other good things which are an essential part of Christmas festivities. The accompanying photograph illustrates a Nativity Tableau given at one of the parties; the costumes and effects were made in the Centre.



Nativity Tableau at Training Centre.

Mental Health Statistics at 31st December, 1956.

(The figures in brackets indicate the numbers at 31.12.1955).

1. Mental Patients

(a) Admissions during the year by Duly Authorised Officers.

Name of							Section		Section			
Hospital	Certified		Voluntary		Temporary		11 or 20.		21.		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's												
Hospital	73	89	107	159	1	4	5	1	39	70	224	323
Bodmin	(63)	(105)	(79)	(115)	(2)	(1)	(1)	(1)	(31)	(81)	(176)	(303)
Moorhaven												
Hospital	—	—	6	6	—	—	—	—	1	2	7	8
Devon	(—)	(—)	(7)	(4)	(—)	(—)	(—)	(—)	(1)	(—)	(8)	(4)
	78	89	113	165	1	4	5	1	39	72	231	331
	(63)	(105)	(86)	(119)	(2)	(1)	(1)	(1)	(32)	(81)	(184)	(307)
Total admissions during 1956 by Duly Authorised Officers ...											562	(491)

(b) Admissions of Cornish Patients during the year from all sources.

Name of Hospital	Certified		Voluntary		Temporary		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's Hospital	76	90	260	406	1	4	337	500
Bodmin	(68)	(106)	(231)	(347)	(2)	(1)	(301)	(454)
Moorhaven Hospital	—	—	46	44	—	1	46	45
Devon	(1)	(1)	(35)	(30)	(—)	(—)	(36)	(31)
	76	90	306	450	1	5	383	545
	(69)	(107)	(266)	(377)	(2)	(1)	(337)	(485)
Total admissions during 1956 of Cornish Patients							...	928 (822)

(Included in the figures above are 84 admissions under Sections 11, 20 or 21 of the Lunacy Act, 1890, who subsequently became Certified or Voluntary patients. Not included are 33 such admissions who died or were discharged without further action being taken).

(c) Number of Cornish Patients in Hospitals at 31st December, 1956.

Name of Hospital	Certified		Voluntary		Temporary		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's Hospital,	366	500	124	206	—	1	490	707
Bodmin	(362)	(541)	(113)	(206)	(2)	(—)	(477)	(747)
Moorhaven Hospital,	5	2	11	15	—	—	16	17
Devon	(5)	(2)	(8)	(14)	(—)	(—)	(13)	(16)
	371	502	135	221	—	1	506	724
	(367)	(543)	(121)	(220)	(2)	(—)	(490)	(763)
Total of Cornish Patients in Hospitals on 31.12.1956							...	1,230 (1,253)

(d) Admissions of Cornish Patients aged 70 years and over to Mental Hospitals during the year. (These figures are included in the numbers given under (b)).

Name of Hospital	Certified		Voluntary		Temporary		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's Hospital,	35	35	29	49	—	4	64	88
Bodmin	(15)	(53)	(18)	(31)	(1)	(—)	(34)	(84)
Total					...	...	...	152 (118)

2. Mental Deficiency

(a) Number of new cases reported during the year.

How Reported	M.	F.	Total
(1) Notified by the Education Committee:—			
Education Act, 1944.			
(a) Section 57(3)	12 (13)	9 (7)	21 (20)
(b) Section 57(4)	— (—)	— (—)	— (—)
(c) Section 57(5)	20 (16)	14 (12)	34 (28)
(2) Reported from other sources and ascertained as Mental Defectives	10 (4)	5 (7)	15 (11)
Totals	42 (33)	28 (26)	70 (59)

(b) Cases residing in the Community.

Type of Case	M.	F.	Total
(1) Under Statutory Supervision ...	264 (272)	244 (247)	508 (519)
(2) Under Friendly Supervision ...	13 (11)	15 (15)	28 (26)
(3) Under Guardianship ...	5 (5)	6 (7)	11 (12)
(4) On Licence from Institutions but supervised by County Council ... (These figures also included in Table (e)).	4 (3)	5 (11)	9 (14)
Totals	286 (291)	270 (280)	556 (571)

(c) Cases awaiting admission to Institutions.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Idiots	1 (2)	— (—)	1 (2)
(b) Imbeciles	5 (6)	1 (—)	6 (6)
(c) Feeble-minded persons ...	— (2)	3 (3)	3 (5)
(2) Under the age of 16 years.			
(a) Idiots	3 (3)	— (1)	3 (4)
(b) Imbeciles	3 (2)	5 (3)	8 (5)
(c) Feeble-minded persons ...	— (1)	— (—)	— (1)
Totals	12 (16)	9 (7)	21 (23)

(These figures include 3 males of idiot grade and 1 female of imbecile grade under the age of 16, at present in an Approved Home. Two of the males have reached 6 years of age, and require transfer to a Mental Deficiency Hospital as soon as possible).

(d) Admissions to Institutions during the year.

Name of Institution	Mental Deficiency Acts, Sections 3, 6, 8, or 9		Mental Deficiency Acts, Section 15		Total	
	M.	F.	M.	F.	M.	F.
Royal Western Counties Hospital Group ...	17 (6)	11 (16)	— (—)	1 (2)	17 (6)	12 (18)
Other Institutions ...	1 (3)	— (1)	3 (3)	— (—)	4 (6)	— (1)
Totals ...	18 (9)	11 (17)	3 (3)	1 (2)	21 (12)	12 (19)
Total admissions during 1956 ...					33 (31)	

(In addition to these figures 1 male and 4 females were admitted to temporary care under Circular 5/52).

(e) Cases in Institutions (Including Licence Cases)

Name of Institution	M.	F.	Total
Royal Western Counties Hospital Group	189 (177)	168 (173)	357 (350)
Other Institutions	76 (84)	39 (38)	115 (122)
Cases in other Institutions in "Place of Safety" accommodation	4 (3)	— (—)	4 (3)
Totals	269 (264)	207 (211)	476 (475)

WELFARE SERVICES

THE AGED AND THE INFIRM

1. Accommodation Provided

(i) By the County Council

The Report for 1955 made reference to the findings of the Joint Geriatric Working Party, who had drawn attention to the poor accommodation provided by the Regional Hospital Board at the Joint User Establishments, particularly Barncoose and Budock Hospitals. The Working Party had recommended that the old people in Part III accommodation at Barncoose, Meneage and Budock should be withdrawn by the County Council and placed, instead, in Old Peoples Homes. The County Council, without dissent, had accepted this recommendation, and the year under review has seen the beginning of the scheme for providing better accommodation.

Twenty men were withdrawn from Barncoose, most of whom were transferred to Carew House, the new Home at Hayle, and it is pleasing to record that the change in these men in a few months is amazing. In the grim conditions at Barncoose, they were lethargic, despondent and hang-dog in their appearance. After a few months at Carew House, they are brighter and cleaner in their appearance and their ways. Some of them help in small duties in the Home, such as washing-up, and seem to find great pleasure in doing so. We are very fortunate in the Matron (Miss F. A. Johns), and the Assistant Matron (Miss Barnecutt) both of whom are full of zeal for the Home and spare no trouble to make the men as happy as possible. Both of them, too, have local connections and have been able to win the interest of the local inhabitants, and the Churches and organisations of Hayle to a remarkable extent, evidence of which was shewn in the Harvest Festival Service and the Christmas festivities, not to mention innumerable kindnesses since the Home was opened in March, 1956. It was particularly

pleasing to find the Churches sending individual presents and cards to the residents, whilst Toc H, although only a small branch, has contributed to the well being of the Home out of all proportion to the size of the branch. Mention should also be made of the Rotary Club of St. Ives, who, having previously criticized the conditions at Barncoose, have given very generous help at Carew House, including a T.V. set and a piano. Substantial progress has been made in the alterations to this building which, when completed, will have twenty-five beds, all groundfloor. The House Committee has recognised that this accommodation will become increasingly used for frail ambulant persons, and have made provision for an extra member of the staff.

The withdrawal of the twenty men from Barncoose referred to above, left fourteen men still to be dealt with. It was hoped that the Hospital Management Committee might agree to give up some of their Hospital beds at Sedgemoor Priory, St. Austell, so that these fourteen men could be transferred there, but they have not been able to agree to this, owing to the lack of Hospital beds in the St. Austell area. It is intended to find another and a better home for them as soon as possible, but in the meantime, the County Council continue to pay for very inferior accommodation almost twice as much as it costs in their own Homes.

The withdrawal from Budock House, Falmouth, was completed in one operation in April, 1956, the majority of the residents (men and women in this case), being transferred to Cliffe House, Falmouth. As at Carew House, Hayle, the County Council has been very fortunate in its choice of Matron for Cliffe House, Falmouth. It was decided to appoint Mrs. E. Solomon, who for several years had been Assistant Matron at St. Michael's, Penzance, as Matron at Falmouth and this has proved to be a very wise decision. Miss Bowden, appointed at the same time, has been an able and sympathetic Assistant Matron. Again the residents have proved responsive to the change in buildings and atmosphere, and one feels that the County Council is absolutely right in their policy in withdrawing from the Joint User Establishments. Cliffe House is delightfully situated on the front at Falmouth, but as yet, is not receiving quite the support from local organisations that other Homes in the County receive. The Falmouth Council of Churches is keenly interested, and have arranged weekly services in the Home and there are signs of an increasing friendliness and awareness of the needs of the Home. An unusual and pleasing feature of Cliffe House, is that "morning prayers" are conducted by members of the staff, and (although there is not the slightest measure of compulsion) most of the residents attend this short service.

The cost of maintenance of residents at Launceston (St. Mary's Hospital — £5.6s.10d. per week per resident), and Liskeard (Lamellion Hospital — £4.10s.4d. per week per resident) is very high, and at Lamellion, the men's quarters are as bad as at Barncoose. It is hoped that other accommodation will be found for these residents in the East of the County.

There is still a pressing need for a Home for frail ambulant persons in the Camborne-Redruth area, and a search for a site continues. Otherwise, no progress in this direction has been made.

The Residential Homes provided by the County Council for Old People at the end of 1956 are:—

St. Michael's, Penzance, (Matron—Mrs. E. J. Arnold)	... 20 beds
Endsleigh, Newquay, (Matron—Mrs. M. M. Salmon)	... 28 beds
Polvellan, West Looe, (Matron—Mrs. D. B. Clinton)	... 35 beds
Carew House, Hayle, (Matron—Miss F. A. Johns)	... 16 beds*
Cliffe House, Falmouth, (Matron—Mrs. E. Solomon)	... 30 beds

* (Carew House, Hayle, is being extended and, when completed, will have 25 beds).

Thanks must again be extended to the voluntary organisations for the generous help given to the various Homes. The "Friends of Sedgemoor Priory," Churches of all denominations, Rotary Clubs, Inner Wheels, Toc H, etc. all contribute to bring friendliness and happiness to the lives of the residents. Lord Amulree has said that old people have three fears, "the fear of poverty, the fear of ill-health and the fear of loneliness." The Welfare State has made provision to meet the first two of these fears, but the fear of loneliness can only be met by personal friendliness on the part of the staffs and the friends of the Homes. It is this friendliness which alone can turn the residences into real "homes". There is no doubt, too, that the efforts of the County Council are appreciated by the relatives of the old people as is witnessed by the following extract from a letter received from the nephew of an old lady admitted to Cliffe House, Falmouth, in November, 1956: "We went to Cliffe House to see her yesterday, and found her very happy and comfortably installed. After the anxiety we suffered on account of her last winter, and the discomfort which she insisted upon bearing, we can never be sufficiently grateful for your kindness in bringing about her present happy state."

The scheme for improving Sedgemoor Priory at a cost of between £45,000 and £50,000, was approved by the Ministry of Health during the year, and work has commenced. New quarters will be provided in the front block of buildings for the Superintendent and Assistant Superintendent, with office accommodation. The old Casual Block will be converted into bedrooms and a small day room for men, and the large rooms at the end of the building, into temporary accommodation for homeless families. The Part III accommodation will not be greatly increased so far as the number of beds is concerned, but the comfort and convenience of the residents should be vastly improved.

(ii) By Voluntary Associations

The County Council has entered into an Agreement under Section 26 of the National Assistance Act, 1948, with the Voluntary Homes mentioned

below. Under these Agreements, the County Council contributes to the maintenance of residents in the Homes who are not able to pay the full standard charge.

Residential Homes in the County provided by Voluntary Associations:—

	Beds	Charge for maintenance per week
Perran Bay Hotel, Perranporth, by the Cornwall Old People's Housing Society Ltd. ...	40	£4.10.0
Downs View, Bude, by the Bude-Stratton Aged People's Welfare Society Ltd. ...	17	£3.15.0
Caprera, St. Austell, by the Fred Lovering's House Ltd. ...	34	£3. 3.0
Eventide Home, Liskeard, by the Liskeard Eventide Home Ltd. ...	22	£4. 0.0
Malabar Home for the Blind, by the Cornwall County Association for the Blind ...	29	£4.15.6
Home of the Epiphany, St. Agnes ...	20	£5. 0.0
Rosewin House, Truro, by the Convent of the Epiphany ...	16	£5. 0.0

All these Voluntary Homes give splendid service and without their help, the provision which the County Council would have to make for old people would, of necessity, be much larger. Special thanks are due to the two Homes of the Epiphany (at St. Agnes, under Sister Anne; and at Truro, under Sister Constance) and for their eager willingness to help at all times. Both these Homes have qualified nurses on their staff and so are able to take cases which are not normally accommodated in Old Peoples' Homes.

(iii) **Charges for accommodation**

The standard weekly charge in the County Council's residential Homes is £3.15s.3d., but those who are not able to pay the standard charge (and very few are) are assessed at a lower rate according to their ability to pay. In many cases, the resident has nothing but the Retirement Pension or National Assistance allowance, in each case £2 per week. In these cases, they are assessed to pay the minimum charge of £1.12.6d. per week and they retain 7/6d. for small items of personal expenditure. It should be pointed out that the charge for maintenance includes the provision of personal clothing (although many residents prefer to provide their own). Residents in the Homes have the same right as anyone else to choose their own doctor, and tribute should be paid to the doctors who visit the Homes for their unfailing courtesy, kindness and patience towards the old people.

The charge for maintenance (£3.15s.3d.) shewn above is based on the actual costs of running the Homes. A comparison of these costs for the year 1955/56 may be of interest.

	Cost per resident week at—							
	St. Michael's		Endsleigh		Polvellan		Sedgemoor	
	Penzance		Newquay		Looe		Priory	
	s.	d.	s.	d.	s.	d.	s.	d.
Standing charges not varying with numbers resident (including salaries, wages, fuel, light, domestic and structural renewals and repairs, rents, rates, taxes, &c.)	57	5	40	2	40	2	48	7
Loan charges	7	3	12	7	12	4		6
Variable charges (i.e. provisions, &c.)	20	1	17	7	23	4	21	10
	84	9	70	4	75	10	70	11
Sundry income (not payments by residents)		2		4		1		6
	84	7	70	0	75	9	70	5

(iv) Temporary Accommodation

Little can be added to what was said last year on the subject of temporary accommodation for homeless families.

The four hutments at Cameron Estate, St. Agnes, and two hutments at Dry Tree Camp, Mawgan-in-Meneage, are still available and have been fully occupied during the year. In addition, there have been from two to four families at Sedgemoor Priory, St. Austell. It is hoped that further provision may be made for evicted families preferably near to a town where work is available.

(v) Residents in Part III Accommodation

The number of residents in Part III accommodation on the 31st December, 1956, was as follows:—

Establishment	Men	Women	Children	Total
Meneage Hospital, Helston	8	12		20
Barncoose Hospital, Redruth	14			14
Sedgemoor Priory, St. Austell	52	48		100
Lamellion Hospital, Liskeard	29	35		64
St. Mary's Hospital, Launceston	18	8		26
Part III	121	103		224

Establishment	Men	Women	Children	Total
Council Homes				
St. Michael's, Penzance	...	6	12	18
Endsleigh, Newquay	...	10	16	26
Polvellan, Looe	...	9	21	30
Cliffe House, Falmouth	...	15	11	26
Carew House, Hayle	...	17		17
Voluntary Homes				
22, Downs View, Bude	...	1	9	10
Caprera, St. Austell	...	6	14	20
Eventide Home, Liskeard	...	2	9	11
Perran Bay Hotel, Perranporth	...	5	24	29
Hollenden House, Sussex	...	1		1
Methodist Homes, Ilkley	...		1	1
Richard Cusden Home, London	...		1	1
Cheshire Home, St. Teresa's, Penzance	...	2	2	4
Christadelphian Home, Southport	...		1	1
Epiphany Home, St. Agnes	...	10	8	18
Rosewin Home, Truro	...		10	10
Nurses Memorial Home, Reigate	...		1	1
S.O.S. Home, London	...		1	1
Coombe Farm Centre for Spastics, Croydon	...	2		2
St. Elizabeth's, Seaford	...		1	1
Blind Homes				
Royal School for the Blind, Leatherhead	...	1		1
Malabar, Truro	...	10	13	23
Torr, Plymouth	...	3	5	8
Rehabilitation Centre, Torquay	...	2		2
Epileptic Colonies				
Chalfont, Bucks.	...	1	5	6
David Lewis, Alderley Edge, Cheshire	...		1	1
Lingfield, Surrey	...	1		1
Meath Home, Godalming	...		1	1
Deaf and Dumb				
Bath	...	1		1
Homes provided by other Authorities				
Bucks C.C.	...		1	1
Glamorgan C.C.	...		1	1
Devon C.C.	...	1		1
Plymouth C.B.C.	...	2		2
<hr/>				
Homes etc.	108	169		277
<hr/>				
Temporary Accommodation				
Sedgemoor Priory, St. Austell	...		1	2
Dry Tree Camp, Mawgan, Helston	...	1	2	6
Cameron Estate, St. Agnes	...	3	5	13
<hr/>				
GRAND TOTAL	...	233	280	21
LESS chargeable to other authorities	...	3	4	
<hr/>				
NET TOTAL	...	230	276	21
<hr/>				
				527

The following is a summary of the before mentioned figures shewing the various categories of persons in the different types of Homes.

Description of persons	Sedgemoor Priory St. Austell		Joint User Establishments		Residential Homes		Accommodation provided by Voluntary Organisations		Provided by other Local Authorities		Total	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
1. Aged but not materially handicapped by infirmity	14	8	24	9	32	34	16	59	—	1	86	111
2. Aged and physically or mentally handicapped	17	20	22	24	10	11	6	16	1	1	56	72
3. Blind	4	3	—	—	3	3	16	19	—	—	23	25
4. Deaf or Dumb	—	—	2	1	3	3	1	2	—	—	6	6
5. Epileptic	—	2	3	2	—	2	2	8	1	—	6	14
6. Crippled	3	2	4	1	2	3	—	—	1	—	10	6
7. Physically infirm (not being aged)	8	6	2	5	3	1	5	3	—	—	18	15
8. Mentally infirm (not being aged)	6	7	12	13	4	3	2	—	—	—	24	23
TOTAL	52	48	69	55	57	60	48	107	3	2	229	272

The County Council is providing accommodation for 257 persons (i.e. old, infirm and handicapped) more now than at the appointed day — 5th July, 1948. The comparative figures may be of interest:—

5th July, 1948	...	244
1st January, 1951	...	313
1st January, 1954	...	399
1st January, 1957	...	501

(vi) Admissions and Discharges

Admissions to and discharges from Part III accommodation during the year ended 31st December, 1956, were as follows:—

	Admissions			Discharges		
	Adults	Children	Total	Adults	Children	Total
Ordinary	256		256	223		223
Temporary Accommodation	42	89	131	38	92	130
Total	298	89	387	261	92	353

CARE OF THE HANDICAPPED

1. General

During the past year much of the time of the Social Welfare Field Officer, has been spent in visiting the handicapped in their own homes, in order that she might afford them an opportunity of getting to know her and that they might become more aware of the various services available to them. It has also enabled her to learn something of the problems of individuals, thereby gaining a clearer impression of problems which may not be common to disabled persons throughout the country, but peculiar to a rural area such as Cornwall, with widely scattered centres of population.

From this initial year's work, during which 1,037 visits have been paid to disabled persons and 208 to problem families, several points of interest have emerged.

It has become increasingly clear that there is a need for individual case visits among handicapped persons, despite, or even perhaps because of the wide diversity of services available in the Welfare State. Daily life nowadays tends to be increasingly complex, the close ties of the family are loosening, and it is no longer the accepted rule of the family to support its less fortunate members. Those families who attempt to carry the burden unaided may well find that as the wage earner grows older, it becomes well night insupportable.

Secondly, it has become daily more apparent that the great need in this County is for suitable employment for those handicapped persons, who

though capable of work are unable to find the type of employment for which they are trained, and in which they could give rewarding and competent service. There is a wide diversity of skill and semi-skill offered by the disabled persons in this County but individual employers tend, understandably, to be reluctant to make the necessary adjustments which might enable them to give employment to a disabled man or women.

It is, of course, unfortunately true that there are a number of disabled persons who, through the inertia of prolonged unemployment, or through lack of the necessary skill and innate ability are virtually unemployable. It is also true that the longer a man or a woman remains unemployed, the more difficult it is to resettle him or her in employment. This applies with even greater force to handicapped boys and girls on leaving school.

It is the duty of the Disablement Resettlement Officers and the Youth Employment Officers, to find employment for such persons, and their experience amply bears out the above argument. There is close co-operation and a very friendly relationship between the Officers of the Ministry of Labour, and the Welfare Section, Cornwall County Council. An equally cordial relationship exists between this Section and the Officers of the National Assistance Board, and we are most grateful to both for their help during the past year, in enabling us to offer this service to the handicapped with the minimum of overlap.

The County Nursing Officer, Miss White, the Assistant County Nursing Officers, Health Visitors, and the District Nurses throughout the County, have all been most friendly and co-operative. Miss White gave Mrs. Banham an opportunity of explaining to the Assistant County Nursing Officers and the Health Visitors the scope of her work, in order that misunderstandings might be minimised.

The good relationship between Welfare Section and the voluntary societies has steadily increased, and we attempt to exercise constant vigilance to avoid overlapping and misunderstandings. We are indeed grateful for their help.

The following case histories give some idea of the diversity of the ways in which the Department attempts to help the patients and their families.

Case I. Mr. and Mrs. X and three boys aged 16, 12 and 4 years

This family was referred for help by the consulting neurologist. The middle boy suffers from a progressively disabling neurological complaint, the mother fears that the younger boy may be similarly afflicted, and the elder boy, at Grammar School, has become increasingly withdrawn as a result of the tension and anxiety within this home. Mrs. X was, in the early months of the year, finding the strain intolerable, and she needed a great deal of help and support. Practical help was given in the form of equip-

ment, etc. It was arranged that the lad of 12 should return to day school in his wheel chair and the little boy, whose behaviour problems have become increasingly apparent and progressively trying to his family, is to start school before he is five in order to help both him and his parents. It is hoped that with the improvement in Mrs. X's mental stability, the elder boy may become rather less morose and withdrawn. Initially, weekly visits and many long talks were needed to help this family; it is now necessary to see them only about once a month, but they know that help is always available at any time. It is quite impossible to formulate any hypothesis, but it is possible that this family might have broken up as a result of the intolerable strain placed upon this mother.

Case II. Mr. and Mrs. Y and Mr. Y Junior

Mr. Y Junior is a spastic, living with his parents in a warm and comfortably furnished cottage, with every care afforded him. However, it was necessary for him to sit in a small back sitting room to do his weaving and rugmaking, so that he seldom saw anyone but his mother and the days for both became, on occasions, rather dreary. Toc H was told of this and they have built a garden shelter for him in which he can sit and do his work, see all the people passing by, many of whom have a word for him. His days are now full of interest, with consequent improvement in the life of the entire family.

Case III. Mr. and Mrs. Z. and family

Mr. Z has been unemployed for many years, and has had a chapter of ill luck dating back to the death of his little boy of five years old, and the death of his brother within two days of each other. As a result of these tragedies, Mr. Z became increasingly anxious, and this anxiety together with his physical disabilities, in themselves initially not very serious, was in danger of rendering him permanently unemployable. His domestic life was happy and united.

During the summer the possibility arose of his being able to buy the good will of a paper round, but £60 had to be found for this, and as he had not served in H.M. Forces, their Benevolent Funds could not be used. Other Benevolent Funds were tried with no success, and a direct approach was then made to the Bank and a loan obtained, with no security. Mr. Z was delighted with this help, and has renewed zest for and interest in life. He is making a success of his paper round and is, in fact restored to active life after many years of dependence on the National Assistance Board.

Case IV. Mrs. W.

This patient, a widow, is severely handicapped with arthritis. She was completely bedridden, and the house in which she lived with her daughter, was barely fit for human habitation.

After a number of visits and much encouragement, she consented to the provision of a wheel chair for use indoors—this was provided by the Ministry of Health.

She now gets about the house, undertakes most of her domestic tasks without difficulty. The state of the house has been transformed from that of extreme squalor and dirt, to one of reasonable comfort and cleanliness, with accompanying improvement in the patient's happiness, morale and personal appearance.

This improvement has been maintained, the patient is now visited for a friendly chat approximately once in six weeks, in order to ensure that should she need further help and encouragement, it will be readily available.

Perhaps it should be emphasised that the aim of this Department, is towards the independence of those on our register, and that we try to achieve this aim by helping them to help themselves rather than by gifts of special equipment etc. This will inevitably means that concrete evidence of the work may sometimes appear to be lacking, as our successes should be found amongst those of whom nothing more is officially heard, for they will be living their own self dependent lives, well integrated into normal society. A famous Orthopaedic Surgeon recently said that the word "disabled" should never be used, "mildly handicapped" should be substituted; there is indeed little doubt of the wisdom of this.

Comments on table showing number and category of persons on "Handicapped" Register as at 31st December, 1956.

First, the table shows the number of persons on the County Council Register of handicapped persons, and not the total number of patients in any given category at present resident in this County. Many are not known to the Department, as they have not been referred by their General Practitioners or the Consultant Physician or Surgeon. This is readily understood, in that many doctors prefer to regard the patient's social welfare as their responsibility entirely, and they do not require any help in this matter. In a few cases it may be that the family doctors are not sufficiently aware of the type of service offered to their patients by this Department.

Secondly, it will be noted that with exception of arthritis and rheumatism, the men far out-number the women in any given category. This may well be apparent rather than real, as many patients have been referred by the Ministry of Labour and their problems are closely interwoven with their difficulties in obtaining employment. Women with comparable disabilities would be employed within the home, capable of carrying out their domestic responsibilities, and possibly not in need of any special help.

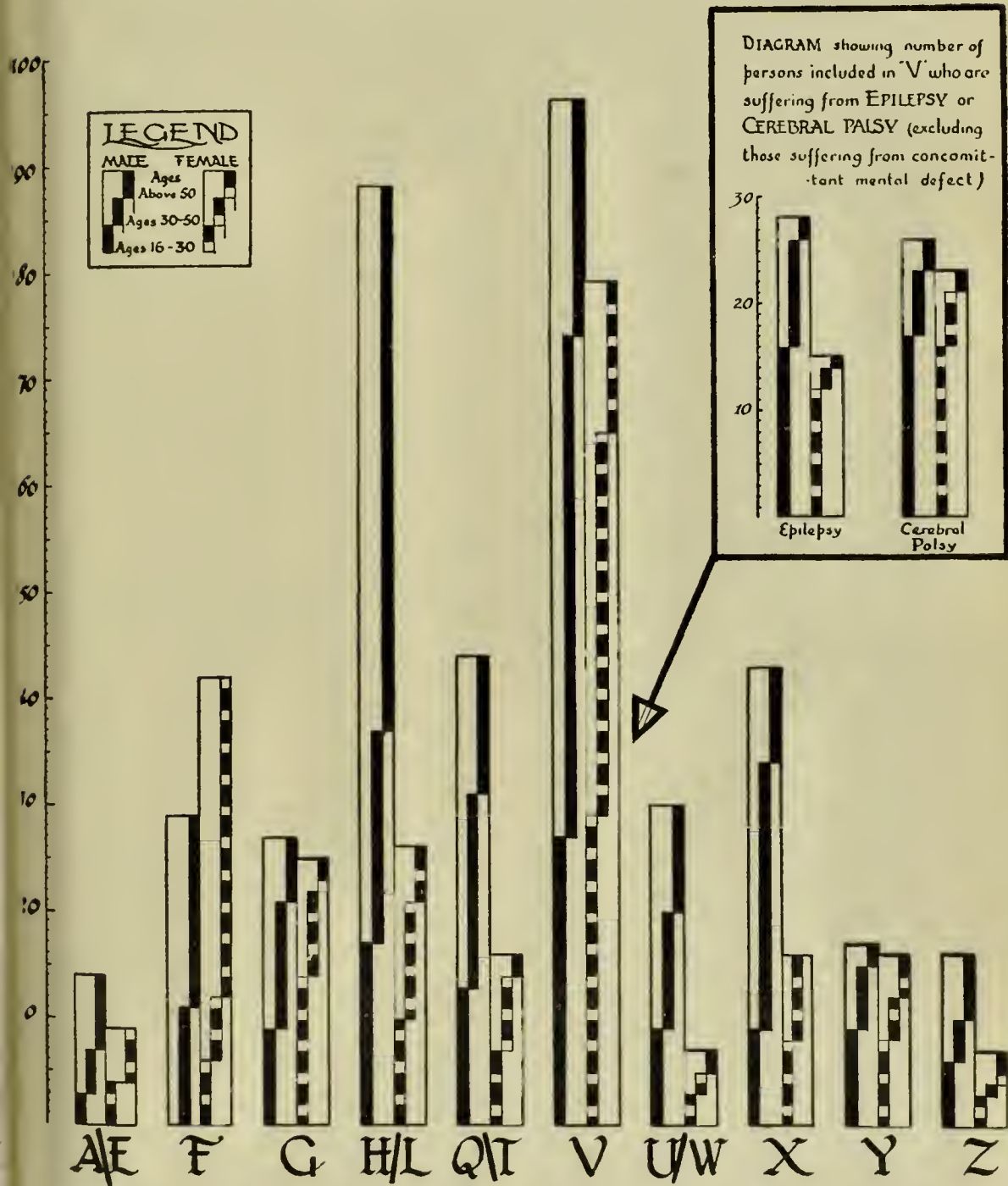
Thirdly, the high incidence of organic nervous disease corresponds to the incidence in Kent, where a recent survey was made. (The Social

Problems of Young Disabled Persons and Long Stay Hospital Patients in Kent, Mrs. M. U. Sharp, M.A. (Cantab.) 1954). It is interesting also to note that although the system of classification in the Kent summary was rather different from that given above, the results are very similar, and the problems encountered well nigh identical.

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	3	4	6	4	—	5
F(2) Arthritis & rheumatism	—	11	16	6	6	30
G(3) Congenital malforma- tions and deformities ...	9	11	6	14	8	3
H/L(4) Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system; (other than T.B.); and of the skin ...	17	20	50	10	11	5
Q/T(5) Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine ...	14	17	12	7	7	2
V(6) Organic nervous diseases— epilepsy, disseminated ...	*16E	*10E	*2E	*12E	*2E	*1E
sclerosis poliomyelitis, ...	*14S	*5S	*4S	*16S	*4S	*3S
hemiplegia, sciatica, etc. ...	27	47	22	29	37	13
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	9	11	10	4	1	1
X(8) Tuberculosis (respiratory) ...	9	25	9	8	8	—
Y(9) Tuberculosis (non-respiratory) ...	9	6	2	8	4	4
Z(10) Diseases and injuries not specified above ...	6	4	6	3	1	3
Total ...	133	171	145	121	89	70
449			280			

* E—Epileptics S—Spastics.

DIAGRAM showing number and category of persons on
REGISTER of HANDICAPPED PERSONS
at 31st December 1956



BLIND AND PARTIALLY SIGHTED PERSONS

Welfare of Blind

The promotion of the welfare of blind persons, which is the duty of the County Council under the National Assistance Act, 1948, continues to be carried out very satisfactorily by the Cornwall County Association for the Blind. The Act permits the County Council to delegate this work to the Voluntary Association which has been caring for the blind for many years.

An additional home teacher has been appointed, and there are now seven fully qualified home teachers employed in the County. This has enabled the case load of each home teacher to be reduced, and an adjustment of areas has resulted in a more even distribution of the work among the teachers.

During the year 2 men and 5 women have attended the Social Rehabilitation Centre at Torquay, and one man has attended an Industrial Rehabilitation Course and is now employed on inspection work in open industry.

One girl has completed a training course in switchboard operating and is now awaiting placement; one man has been accepted for training as a mat maker at the Plymouth Blind Workshops, and one boy of 17 is attending the Royal National Institute Centre at Heathersett.

There are now 7 Social and 6 Handicraft Centres in the County, two new ones having been opened during the year.

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0	—	—	—	23	36	59
1	—	1	1	—	—	—
2	—	—	—	2	—	2
3	—	—	—	2	1	3
4	—	1	1	—	—	—
5—10	3	3	6	12	11	23
11—15	3	—	3	6	6	12
16—20	4	5	9	11	6	17
21—30	10	11	21	17	23	40
31—39	9	18	27	22	17	39
40—49	25	24	49	41	48	89
50—59	48	42	90	54	69	123
60—64	41	30	71	32	55	87
65—69	172	376	548	28	64	92
70 and over	41	46	87	100	218	318
Unknown	—	—	—	6	3	9
Totals	356	557	913	356	557	913

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	—	1	1	—	3	3
5—10	—	—	—	—	—	—
11—15	—	—	—	—	—	—
16—20	—	—	—	—	—	—
21—30	—	2	2	—	1	1
31—39	—	1	1	—	—	—
40—49	2	1	3	2	1	3
50—59	3	1	4	3	2	5
60—64	—	2	2	1	4	5
65—69	2	7	9	3	5	8
70 and over	21	47	68	19	45	64
Unknown	—	—	—	—	1	1
Totals	28	62	90	28	62	90

Blind Children under 16 years:					Males	Females	Total
1.	Age under 2	...	...	...	—	1	1
2.	Age 2—4						
	Educable	...	...	...	—	1	1
	Ineducable	...	...	...	—	—	—
					—	2	2
3.	Age 5—15						
	Educable						
	Attending Special School for the Blind						
	(i) Blind with NO other defects	...			3	2	5
	(ii) Blind WITH other defects	...			1	1	2
	Attending other Schools						
	(i) Blind with NO other defects	...			—	—	—
	Not at School						
	(i) Blind with NO other defects	...			—	—	—
	(ii) Blind WITH other defects	...			—	—	—
					4	3	7

Ineducable	Males	Females	Total
In M. D. Institutions			
(i) Blind	1	—	1
(ii) Blind with multiple defects ...	1	—	1
At home or elsewhere			
(i) Blind	—	—	—
(ii) Blind with multiple defects ...	—	—	—
	<hr/> 2	<hr/> —	<hr/> 2
Total children ...	<hr/> 6	<hr/> 5	<hr/> 11

Education, Training and Employment (Age periods 16 years and upwards)

	Males	Females	Total
1. At School			
Age Group 16—20	1	1	2
	<hr/>	<hr/>	<hr/>
2. Undergoing Training			
(i) For sheltered employment ...	—	—	—
(ii) For open employment ...	—	2	2
(iii) Professional or University ...	1	—	1
	<hr/> 1	<hr/> 2	<hr/> 3
	<hr/>	<hr/>	<hr/>
3. Employed			
(a) In Workshops for the Blind ...	1	1	2
(b) As approved Home Workers ...	11	4	15
All others not included in (a) or (b) ...	28	1	29
	<hr/>	<hr/>	<hr/>
Total employed ...	<hr/> 40	<hr/> 6	<hr/> 46
	<hr/>	<hr/>	<hr/>
4. Unemployed			
Unemployed but capable of and available for work:			
Already Trained	1	—	1
Subject to being trained	1	—	1
Without training	3	—	3
Not available for work:			
Age Group 16—59	28	46	74
Age Group 60—64	19	22	41
Not capable of work:			
Age Group 16—59	32	46	78
Age Group 60—64	15	8	23
Not employed over 65	209	421	630
	<hr/>	<hr/>	<hr/>
Total unemployed	<hr/> 308	<hr/> 543	<hr/> 851
	<hr/>	<hr/>	<hr/>
Grand Total	<hr/> 350	<hr/> 552	<hr/> 902

Occupations of Employed Blind Persons:

		Within Work-	In approved	Others not	
		shops for	Home Workers	Pastime	Total
		the Blind	Scheme	workers	
Basket Workers	...	1	5	—	6
Agents Collectors, etc.	...	—	—	1	1
Agricultural Workers	...	—	—	3	3
Braille Copyists	...	—	1	—	1
Chair Seaters	...	1	—	—	1
Clerks and Typists	...	—	—	4	4
Dealers, Tea Agents, News-					
agents, Shopkeepers	...	—	1	4	5
Factory operatives	...	—	—	2	2
Machine Knitters	...	—	4	—	4
Labourers	...	—	—	1	1
Legal Profession	...	—	—	1	1
Masseurs and Physiotherapists	—	—	—	2	2
Mat Makers	...	—	—	—	—
Ministers of Religion	...	—	—	2	2
Musicians and Music Teachers	—	—	—	1	1
Piano Tuners	...	—	4	—	4
Porters, Packers and Cleaners	—	—	—	1	1
Poultry Keepers	...	—	—	2	2
Telephone Operators	...	—	—	3	3
Miscellaneous	...	—	—	2	2
		2	15	29	46

Physically and Mentally Defective and Mentally Disordered Blind Persons (All ages)

			Males	Females	Total
(a) Mentally Disordered	...	...	3	9	12
(b) Mentally Defective	...	...	7	6	13
(c) Physically Defective	...	...	40	59	99
(d) Deaf without Speech	...	...	—	—	—
(e) Deaf with Speech	...	...	3	3	6
(f) Hard of Hearing	...	...	18	31	49
Combination of (a) and (c)	...	...	1	1	2
Combination of (b) and (c)	...	...	3	1	4
Combination of (c) and (e)	...	...	1	2	3
Combination of (c) and (f)	...	...	3	5	8
Combination of (a) and (f)	...	...	—	1	1
			79	118	197

Blind Persons age 16 and upwards resident in:—

Residential accommodation provided
under Part III of the 1948 Act
(viz. Sect. 21)—

			Males	Females	Total
(a) Homes for the Blind	...	...	14	23	37
(b) Other Homes	...	...	9	9	18
Other Residential Homes	...	...	1	8	9
Mental Hospitals	...	...	4	11	15
Mental Deficiency Institutions	...	...	4	4	8
Other Hospitals	...	...	4	19	23
			<hr/> 36	<hr/> 74	<hr/> 110

Miscellaneous information:

Social Centres	..	7
Handicraft Classes	...	6
Persons newly employed in open industry during year 1		
St. Dunstaners	...	7

Partially Sighted Persons

A partially sighted person is one who is not blind within the meaning of the National Assistance Act, 1948, but, who is, nevertheless substantially and permanently handicapped by congenitally defective vision, or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. "Partial Sight" has a corresponding meaning.

Particulars of the register for 1956 are given in the following Tables. These people are entitled to the services and facilities provided for Blind Persons:—

Age Groups of Partially Sighted Persons

			M.	F.	T.
0—4	...	...	—	—	—
5—15	...	...	8	7	15
16—20	...	...	4	2	6
21—49	...	...	5	13	18
50—64	...	...	6	17	23
65 and over	...	...	30	83	113
		Total	<hr/> 53	<hr/> 122	<hr/> 175

Cases newly registered during the year

Age at date of registration

			M.	F.	T.
0— 4	...	...	—	—	—
5—15	...	...	3	—	3
16—20	...	...	—	—	—
21—49	...	...	2	—	2
50—64	...	...	3	5	8
65 and over	...	...	7	27	34
		Total	15	32	47

During the year 3 persons previously registered as partially sighted persons were transferred to the Blind Register.

The register is kept in four main classes:—

- A. Prospective Blind—Persons (other than children) who are near blind or likely to become blind and to need the full range of blind welfare services.
- B. Industrially Handicapped—Persons (other than children) whose principal needs are likely to be met by proper placement in industry.
- C. Requiring Observation—Persons (other than children) whose defect is neither industrially nor socially a serious handicap and whose vision may or may not deteriorate.
- D. Children—All such children under the age of 16 as are referred to in paragraph 16 of Circular 150/48.

CLASS A

Persons Near and Prospectively Blind

		M.	F.	T.
Employed	... ..	1	—	1
Unemployed:				
Available for and				
capable of work	...	—	—	—
Not available for				
or capable of work		12	56	68
		—	—	—
	Total	13	56	69
		—	—	—

CLASS B

Persons Mainly Industrially Handicapped:

	M.	F.	T.
Employed	2	4	6
Undergoing Training ...	2	—	2
Unemployed but			
Available for and cap- able of Training or Work	1	1	2
Not Available or Cap- able of Work ...	1	4	5
	—	—	—
Total	6	9	15
	—	—	—

CLASS C

Persons requiring observation only 26 50 76

CLASS D

Children 5—16:

Educable			
At special schools ...	2	2	4
At other schools ...	4	3	7
Not at school ...	1	—	1
Ineducable	1	2	3
	—	—	—
Total	8	7	15
	—	—	—

Children over 16:

Still at School	—	—	—
------------------------	---	---	---

Two partially sighted boys are awaiting training, having left school at the end of the Christmas term. Future training and subsequent employment are now under consideration in conjunction with the Education Authority and the Ministry of Labour.

THE DEAF AND DUMB

The following report has been received from Miss Una Potter, B.A., B.D., S.Th., A.I.S.W, Deaf Welfare Diploma, the County Missioner to the Deaf and Dumb, on the work of the Cornwall Association for the Deaf and Dumb.

We provide a comprehensive welfare service for the deaf, including spiritual, social and general and personal welfare. The number of deaf remains about the same but there has been a considerable expansion of the work among the hard of hearing and there is a greater number now on the register.

Register. Those who were born deaf or lost their hearing before the acquirement of speech. 149—33 are children.

DEAF

Men	Over 65	...	7	Women	Over 60	...	22
	16—65 working	...	37		16—60 married	...	18
	unemployed	...	3		working	...	13
	in hospital or				helping at home	...	3
	otherwise	...	4		incapable of work	...	9
	incapable of				(1 blind and 2		
	employment	...	—		in homes)		
			<hr/> 51				<hr/> 65
Children	...	...	33				

HARD OF HEARING

Those who have lost their hearing after acquiring speech and after being educated as hearing persons:—

Men	...	26
Women	...	49

Centres. We have centres at—Camborne, Truro and St. Austell. At Camborne there is a weekly club on Saturday evenings and fortnightly services on Sundays. Billiards, snooker and darts are played.

Matches have been played with St. Austell club and matches and Beetle Drives, have been held with hearing clubs on Friday evenings.

St. Austell club meets fortnightly and there is a monthly service. There is a monthly service at Truro. The average attendance at Camborne is 12, St. Austell 10 and Truro 6. There are much higher attendances for special events. The Rally at Truro Cathedral on Ephphatha Sunday was attended by 40 Cornish Deaf. Outings, parties and socials have been held.

Employment. The situation deteriorated towards the end of the year and there are 3 unemployed. It has also been found difficult to place school leavers and to resettle those who are in unsuitable employment. I work in co-operation with the Youth Employment and Resettlement Officers.

Employers are often willing to take deaf, but their staff feel that explanations take time, now that work is being speeded up, although it is usually more important to show how the work is done than to talk about it.

Education. All children in the County are receiving instruction, but there are 16 uneducated deaf, 2 of whom are under 21. I give instruction where possible.

Hard of Hearing. Many of these do not benefit from hearing aids. Lipreading instruction and help with social problems of deafness have been given. Many have been given advice on obtaining and using hearing aids. Plans are in hand for clubs and classes.

OTHER CLASSES OF HANDICAPPED PERSONS

Report of the Cornwall Committee for the Care of Cripples

The year under review has largely been one of consolidation. A full complement of Staff remained in post for the whole of the period; a target of two visits to each patient every month was reached and maintained until December—subject to breaks due to annual leave and sickness. In December petrol rationing was introduced. Dependent as we are for our continued efficiency on the ability of the occupational therapists to move about their areas regularly and quickly, any restriction in the supply of petrol could not fail to have repercussions on the organisation. Fortunately we were able to satisfy the Regional Petroleum Officer that the work is an important (not to say essential) contribution to the well-being of a large number of seriously disabled persons in the County with the result that supplementary coupons were issued sufficient to enable visits to be made at approximate intervals of three weeks instead of two.

With more frequent visiting throughout the greater part of the year, it has followed, naturally, that the output of craftwork has increased, and it is a consequential growing need to find fresh outlets for finished goods which is our present most perplexing problem. There is a ready sale for some kinds of craftwork but, as has been said previously on many occasions, it is the physical needs of the patient which dictate the kind of work to be done—not the suitability of the articles for sale.

No opportunity of arranging sales throughout the County is lost, but it cannot be emphasised too strongly that the goodwill and co-operation of the public is essential to enable us to dispose of the Cripples' work and ensure our continued progress.

An analysis of the Register was made recently to ascertain the percentage of bedfast cases and the degree of mobility of the remainder.

The result is interesting:—

Bedfast	...	...	...	...	9.6 per cent
Not bedfast but completely homebound	...				31.9 per cent
Only able to go out with assistance	...				29.4 per cent
(of these 23 patients have wheel chairs)					
More or less ambulant	...	...	...		29.1 per cent
					<hr/> 100.0 per cent <hr/>

Comparative figures of Sales, visits etc. for the past two years are as follow:—

	1955	1956
Sales ...	£1,045 14s. 1d.	£1,453. 2s. 7d.
Total Visits ...	3,738	4,720
New Cases ...	64	78
Cases Closed ...	75	66
Patients on the Register at the end of the period ...	224	236

Appendix to Report by the Cornwall Committee for the Care of Cripples Classification and Grouping of Patients

Classification	Male	Female
A/E—Amputation	6	1
F—Arthritis and rheumatism	17	17
G—Congenital malformations and deformities ...	5	10
H/L—Diseases of the digestive and genito-urinary systems, of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin ...	22	7
Q/T—Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	21	7
V—Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	19	34
Epileptics	—	—
Spastics	9	6
U/W—Neuroses, psychoses and other nervous and mental disorders not included in V.	9	7
X—Tuberculosis (respiratory)	18	9
Y—Tuberculosis (non respiratory)	—	2
Z—Diseases and injuries not specified above	3	7
	<hr/> 129	<hr/> 107

Degree of Handicap

Classification	Male	Female
A--Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions	—	—
B—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are mobile and capable of work in sheltered workshops	9	4
C—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home	117	96
D—Handicapped persons (other than children) who are incapable of or not available for work	3	7
E—Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority have a general responsibility under section 29 of the Act	—	—
	<hr/> 129	<hr/> 107

Age Grouping

Under 16 years	...	...	...	...	...	1	1
16 to 30	...	...	...	...	...	18	22
31 to 50	...	...	...	...	...	46	45
Over 50	...	...	...	...	...	64	39
						<hr/> 129	<hr/> 107

LABORATORY FACILITIES

Dr. F. D. M. Hocking at the Royal Cornwall Infirmary, Truro, Pathological Department, continues to carry out the chemical analysis of water, sewage effluent samples, etc., which is beyond the scope of the free service provided by the Public Health Laboratory Service. Specimens of water and food etc. are sent to the Laboratory of the Public Analyst.

INSPECTION AND SUPERVISION OF FOOD

REPORT OF CHIEF INSPECTOR UNDER THE FOOD AND DRUGS ACT, 1955

The County Council is the Food and Drugs Authority for the whole of the County. The present legislation, most of which is consolidated in the Food and Drugs Act, 1955, is designed to ensure that all foodstuffs are sold in a pure and genuine condition.

One of the major amendments brought about by the 1955 Act is in relation to the use of the word 'cream', which must not now be used in the description of any article resembling cream in appearance unless it is in fact cream or "that part of milk rich in fat, which has been separated by skimming or otherwise."

During the year 3,060 samples were procured in areas covering the whole County with a view to avoiding duplication as far as possible, and to cover the widest possible variety of foodstuffs.

Forty-one milk and six other samples were reported on adversely by the Public Analyst.

Table of Samples Taken:—

Name of Sample	Number Obtained	Reported on adversely by Public Analyst
Milk ...	2,301	41
Milk Products ...	124	
Soft Drinks ...	30	
Sugar and Sugar Confectionery	39	
Flour and Flour Confectionery	43	
Preserves ...	30	
Ground Almonds ...	19	
Honey ...	12	
Cooking Fat ...	36	
Vinegar ...	15	
Meat and Fish Products ...	90	
Flavouring and Seasoning ...	16	1
Canned Fruit & Dried Vegetables	18	
Ice Cream ...	113	4
Tea, Coffee and Cocoa ...	22	
Soup and Sauces ...	4	
Spirits and Beers ...	19	
Miscellaneous ...	29	1
Total ...	3 060	47

Milk has for many years been the foodstuff most liable to adulteration and variation in quality. A large proportion of our work under the Food and Drugs Acts is concerned with this article. There were four prosecutions (23 charges) in respect of milk adulterated with water.

The samples in these cases, with one exception, were all taken from milk produced at farms and sold direct to the large dairying concerns. Food and Drugs law has, since 1928, made provision for any person charged with an offence under the Act, to lay another information charging a third person as being the actual offender.

Under present legislation the wording is changed slightly to "any other person by whose act or default he alleges the contravention was due", who can be brought to court and provided the first person can prove the other caused the offence, and then further prove that he used due diligence to prevent the offence he shall be acquitted.

This defence was used on two occasions, in the first instance the dairyman alleged that one of his workmen had adulterated the milk and was acquitted. The employee who admitted the offence was placed on probation for three years and ordered to pay costs.

In the second example the farmer, a widow, chose to charge her own daughter as the person by whose act or default etc., and the Magistrates considered that some precautions had been taken, and dismissed the charge and ordered the County Council to pay the costs. The daughter was granted an absolute discharge. Convictions were recorded in the remaining cases, and substantial fines imposed.

With the advent of Specified Areas, the field of milk distribution has altered. The small producer/retailer is fast disappearing and milk on retail sale in small quantities has to be bottled and labelled either 'Tuberculin Tested' or 'Pasteurised' and the seller licensed to use these designations. This means that the milk reaching the housewife has to be produced in clean conditions from healthy cows or has to be heat-treated before it can be distributed.

Some enforcement of the Specified Areas Orders has been necessary, and two prosecutions were taken in respect of milk being sold without a special designation. Both offenders were convicted.

The vast majority of the milk produced in the County is sold to the large dairying firms, and the Department's sampling work is mainly concerned with direct farm supplies as it is here that any adulteration which occurs usually takes place.

During the year there were some 350 schools taking daily supplies of milk, and towards the end of the year the County Council assumed the responsibility for supplying milk to a further 42 private schools. This means a daily supply of at least 35,000 bottles.

Regular sampling of the milk being supplied is carried out by the County Public Health Officers, who brought 247 samples to my Department

for examination. Five of these samples were below standard and further investigations were carried out by my Inspectors, but no adulterations were discovered.

The question of glass or glass splinters in bottles was investigated during the year at the invitation of the County Councils Association, who conducted a survey in a number of Counties including Cornwall. Head Teachers were asked to report all the incidents they found. At the end of the year I reported to the Secretary for Education, that seven cases had been notified to me, and this report was subsequently forwarded to the C.C.A. The result of their investigation showed that the incidence of glass or glass splinters was extremely small, viz. one per million bottles, and they decided to take no further action.

The Milk and Dairies (Channel Island and South Devon Milk) Regulations came into force on the 1st July, 1956, and prescribe a minimum of 4 per cent butter fat for any milk sold as Channel Island or South Devon. The housewife who requires rich creamy milk can be assured of it by buying one of these designations, and, of course, it commands a high price. The current price for Channel Island Tuberculin Tested Farm Bottled is tenpence per pint compared with eightpence for ordinary milk.

It says much for the producers of such milk that no samples were found to be deficient of the new standard.

Cream ices is a description which is creeping back into current use and obviously is intended to conjure up a quality which surpasses 'Ice cream'. The Public Analyst is of the opinion that the description cream ice at least means that all the fat content of a sample is fat derived from cows milk.

Four of the samples taken contained a higher percentage of fat than the regulations require, but the butter fat had been augmented by margarine. It is understood that consideration to this problem is being given by the Food Standards Committee, and it is to be hoped that definite standards for Ice Cream and Cream Ices will be statutory before the summer.

SANITARY CIRCUMSTANCES

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

The following is a summary of the work carried out during the year:—

Pasteurising plants and other dairy premises inspected	255
Visits in relation to works of sewage disposal ...	31
Visits in relation to works of water supply ...	34
Visits to school premises ...	236
Samples of water submitted for analysis ...	238
Samples of Pasteurised Milk submitted for examination	228
Samples of school milk submitted for examination ...	213
Samples of milk submitted for biological examination ...	4
Samples of school milk submitted for analysis ...	211
Ministry Inquiries attended ...	12

MILK — SPECIAL DESIGNATIONS

Pasteurised Milk

The County Council, as the Food & Drugs Authority, are the licensing authority for the granting of Dealers' (Pasteurisers'), licences authorising the use of the special designation "Pasteurised" in relation to milk pasteurised on the premises of the applicant, and the responsibility for the taking of samples and the inspection of premises has been placed upon the licensing authority in order to ascertain if the conditions of the licence are being and will be complied with.

Licences have been granted in respect of ten premises throughout the County for the pasteurisation of milk; no new licences having been granted during the year; one dairy ceased to pasteurise milk.

There are no premises in the County licenced for the sterilisation of milk.

Of these plants, the methods adopted for pasteurising the milk are, five by High Temperature Short Time (H.T.S.T.) process in which the milk is retained at a temperature of not less than 161° Fah. for at least 15 seconds and immediately cooled to a temperature of not more than 50° Fah., and five by the Positive Holder process in which the milk is retained at a temperature of not less than 145° Fah. and not more than 150° Fah. for at least 30 minutes, and immediately cooled to a temperature of not more than 50° Fah.

One holder of a licence appeared before the Committee to show cause why his licence should not be suspended for the remainder of the year. The licence holder was represented by the Assistant Secretary of the National Dairymen's Association, London, and the Area Officer of the Association.

The Committee decided to take no action to suspend the licence for the remainder of the year on the understanding that the licence holder, with the assistance of the National Dairymen's Association, takes all possible steps to ensure that milk treated at his premises and sold as "Pasteurised" complies with the conditions of the licence.

During the year, 255 inspections of these dairies were made, and 228 samples of pasteurised milk taken and submitted for Phosphatase and Methylene Blue examination with the following results:—

No. of Samples	Phosphatase Test		Methylene Blue Test		Failing Both Tests
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
228	215	9	209	15	4

Fifty-six samples of Pasteurised Milk were also submitted for plate count, and B. coli and 34 milk bottles were submitted for sterility tests.

At four of the dairies a considerable amount of work has been carried out to premises and plant during the year.

Check tests of the accuracy or otherwise of the Indicating and Recording Thermometers have been made, and resulted in several thermometers having to be adjusted or replaced.

Unsatisfactory samples are followed up and further samples taken after advice has been given, on the possible cause of the failure of the sample to comply with the standard laid down. A report is made to the Area Milk Officer of the Ministry of Food of any sample failing to comply with the test and a monthly report on all samples is made to the Ministry.

The results of the examination of samples are furnished to the Managers of creameries, and to the Medical Officers and Public Health Inspectors of the district in which the creameries are situated.

BIOLOGICAL EXAMINATION OF MILK

During the year 4 samples of milk have been taken and submitted for biological examination as follows:—

From Bodmin Hospital Farm	...	3
From Schools	...	1
		—
		4
		—

The samples taken from Bodmin Hospital Farm were examined for *Brucella Abortus* as well as for Tuberculosis.

All samples proved to be free of tuberculous bacilli or brucella organisms.

SPECIFIED AREAS

The Minister of Agriculture, Fisheries and Food and the Minister of Health, acting jointly, in exercise of the powers conferred on them by section twenty-three of the Food & Drugs (Milk, Dairies and Artificial Cream) Act, 1950, made an Order known as "The Milk (Special Designations) (Specified Areas) (No. 2) Order, 1955."

Under this Order the following area became a Specified Area on the 6th December, 1955:—

The Boroughs of Bodmin, Fowey, Liskeard, Lostwithiel and Saltash.

The Urban Districts of Looe, Newquay, Padstow, St. Austell and Torpoint.

The Rural Districts of Liskeard, St. Austell, St. Germans and Wadebridge.

This means that on and after the 6th December 1955, all dairymen retailing milk in any part of the area, must sell the milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area.

Any milk which is retailed outside the area from these same premises, must also be sold under special designation. This ensures that all schools within the area or any school outside the area, but being supplied by a dairyman supplying schools within the area, must be supplied with milk bearing a special designation such as "Pasteurised", "Tuberculin Tested" or "Sterilised".

The Minister of Agriculture, Fisheries & Food and the Minister of Health, have expressed their intention of making a further Order for a second specified area which is to include:—

Truro City.

The Boroughs of Falmouth, Helston, Penryn, Penzance and St. Ives.

The Urban Districts of Camborne-Redruth and St. Just.

The Rural Districts of Kerrier, Truro and West Penwith.

prohibiting the sale of milk other than Tuberculin Tested, Pasteurised, or Sterilised. It is anticipated that this Order will come into operation on the 1st April, 1957.

When this Order comes into operation, the only part of Cornwall where undesignated milk could be sold, without the permission of the Ministry, would be in the Borough of Launceston, the Urban District of Bude-Stratton and the Rural Districts of Camelford, Launceston and Stratton.

MILK IN SCHOOLS

Of the 418 schools in the County, 96.4% are receiving Pasteurised Milk, 2.9% Tuberculin Tested Milk and 3 schools or 0.7% are receiving Milk Tablets, in spite of every effort to obtain supplies of liquid milk. These 3 schools are in isolated areas, and it has not been possible to obtain deliveries of liquid milk.

The following Table shows the position at the end of the year:—

Grade of Milk			Bottled	Bulk	Total
Pasteurised	...	...	402	1	403
Tuberculin Tested	...	...	6	6	12
Tablets	...	...	—	—	3
No of Schools			408	7	418

From the above it will be seen that 408 schools are receiving milk in one-third pint bottles, and 7 schools are receiving bulk milk which has to be served in beakers.

There are 43 suppliers of milk to the schools, the number of schools served by each supplier varying from one school to 102 schools.

Regular samples of the milk supplied to schools have been taken by the County Public Health Officer for bacteriological examination, and during the year 213 samples were taken with the following results:—

Grade of Milk			Satisfactory	Unsatisfactory	Total
Pasteurised	...	...	205	Nil	205
Tuberculin Tested	...	...	7	Nil	7
Ungraded Milk	...	...	1	Nil	1
All grades			213	Nil	213

It will be seen from the above Table that all the samples passed the necessary tests. This is the first time that this record has been reached.

During the year 211 samples of school milk were taken by the County Public Health Officer, and passed to the Chief Inspector of Food & Drugs for analysis. Of these samples 206 were found to be genuine and 4 slightly deficient in non-fatty solids, and one slightly deficient in fat. No action was considered to be necessary.

WATER SUPPLIES IN SCHOOLS

The supervision of the water supplies at schools continued throughout the year by the County Public Health Officer, and sampling has been carried out of both mains supplies and local wells or shutes.

During the year 226 samples of water were taken from schools and submitted for bacteriological examination. These include 178 samples from mains supplies, and 48 samples from wells and other local sources.

Of the 226 samples taken 211 were satisfactory and 15 unsatisfactory. The unsatisfactory samples were taken from 15 schools, of which 8 were mains supplies and 7 from wells and other local sources.

The quality of the water at the schools has again showed some improvement as shown by the following Table:—

Year	Satisfactory	Unsatisfactory	Total
1956	211	15	226
1955	207	17	224
1954	237	47	284
1953	123	49	172
1952	105	70	175
1951	133	55	188
1950	95	66	161

The Education Department is kept acquainted with schemes of water supply carried out by the local authorities and water undertakings, with a view to schools being connected to mains supplies, when these are available and where practicable.

The following works or precautions have been carried out during the year:—

Connected to mains	...	...	...	...	...	16
Proposed to be connected to mains	...	...	...	...	...	9
Mains extended to washbasins, etc.	...	...	...	...	...	14
Alternative sources of supply being sought	...	...	...	...	...	5
Wells repaired structurally	...	...	...	...	...	1
Pumps replaced	...	...	...	...	...	6
Pumps repaired	...	...	...	...	...	4
Collecting chambers cleaned	...	...	...	...	...	12
Defective drains made good	...	...	...	...	...	5
Lead pipes replaced by more suitable pipes (lead in water)	...	...	...	...	...	Nil
Sinking of new wells under consideration	...	...	...	...	...	Nil

ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947

The responsibility for the registration and supervision of premises where ice cream is manufactured and sold, and the duty of taking samples was placed upon the district councils and borough councils by the above Regulations, which came into operation on the 1st May, 1947.

The Food Standards (Ice Cream) Order, 1953, prescribes that the ice cream should contain not less than 5% of fat; 10% sugar and 7½% of milk solids other than fat.

This Order is being administered by the Food & Drugs Department of the County Council, and 114 samples have been taken during the year of which 108 were genuine and 6 were unsatisfactory. No legal proceedings were taken.

The results of the samples examined for Methylene Blue are shown in the following Table:—

Local Authority	HOT MIX				COLD MIX				UNKNOWN				Total Samples	
	Grade				Grade				Grade					
	1	2	3	4	1	2	3	4	1	2	3	4		
Bodmin Borough	...	18	7	—	—	1	—	—	—	—	—	—	—	26
Falmouth Borough	...	17	1	2	—	1	2	—	—	1	—	—	—	24
Helston Borough	...	9	6	5	1	—	—	—	—	2	—	—	—	23
Launceston Borough	...	16	2	1	—	—	—	—	—	—	—	—	—	19
Liskeard Borough	...	9	—	—	—	1	—	—	—	—	—	—	—	10
Penzance Borough	...	39	9	1	—	2	1	—	—	—	—	—	—	52
St. Ives Borough	...	—	5	2	—	5	—	—	—	7	1	—	—	20
Saltash Borough	...	10	1	1	—	—	—	—	—	—	—	—	—	12
Truro City	...	25	2	1	—	—	—	—	—	—	—	—	—	28
Bude-Stratton U.D.	...	14	2	2	—	—	—	—	—	—	—	—	—	18
Looe U.D.	...	130	14	5	—	—	—	—	—	—	—	—	—	149
Newquay U.D.	...	40	2	1	—	2	—	1	—	—	—	—	—	46
St. Austell U.D.	...	20	2	—	—	—	—	—	—	—	—	—	—	22
Torpoint U.D.	...	20	—	—	—	—	—	—	—	—	—	—	—	20
Kerrier R.D.	...	71	6	—	—	1	—	—	—	—	—	—	—	78
Liskeard R.D.	...	—	—	—	—	—	—	—	—	39	7	2	—	48
Truro R.D.	...	18	1	—	—	2	1	—	—	—	—	—	—	22
Totals	...	456	60	21	1	15	4	1	—	49	8	2	—	617

INQUIRIES BY THE MINISTRY OF HOUSING AND LOCAL GOVERNMENT

The following Inquiries held by the Ministry of Housing and Local Government were attended during the year:—

Borough of Launceston

The proposal of the Borough Council to reconstruct the sewage treatment works at St. Leonards.

Torpoint Urban District

To establish new filtration plant at their Water Works.

Newquay Water Company

Proposal to construct an Impounding Reservoir on the Porth Stream, Newquay.

Truro Rural District

- (a) Scheme of Sewerage and Sewage Disposal for Kea, Playing Place.
- (b) Scheme of Sewerage and Sewage Disposal for Mylor Bridge.
- (c) An Order under Section 23 and 26 of the Water Act, 1945, authorising them:—
 - (a) to purchase compulsorily land for the purpose of water supply, and
 - (b) to construct and maintain a weir and intake on the stream known as Ladock Stream, situate approximately 200 feet due east of the Ladock Quarry, and to take water from the said stream by means of the weir and intake.
- (d) Sewerage and Sewage Disposal Works at Goonhavern.

Liskeard Rural District

Warleggan and Mount Water Scheme.

Kerrier Rural District

Into the progress of the Manaccan Water Scheme.

St. Austell Rural District

A scheme of sewage disposal for the village of Grampound.

Stratton Rural District

Into the progress of the Scheme of Sewerage and Sewage Disposal for the village of Week St. Mary.

Launceston Rural District

Central Area Water Scheme.

RIVERS POLLUTION PREVENTION

The responsibility of the County Council for the administration of the above Act was passed to the Cornwall River Board under the River Boards

Act, 1948, but following an application by the Cornwall River Board, the County Council approved the formal seconding of the County Public Health Officer and the Assistant County Public Health Officer to the River Board, for such proportion of their time as may, in practice, be found necessary to carry out the obligations of the Board in respect of the prevention of pollution under the Rivers (Prevention of Pollution) Act, 1951.

The following is a summary of the works carried out during the year ending 31st December, 1956:—

Visits to works of sewage disposal	...	126
Visits to industrial plants	...	198
Inspections of outfalls to rivers	...	22
Samples of sewage effluent submitted for examination		105
Samples of river water and trade wastes submitted for examination	...	429
Plans of proposed works reported upon	...	14
Ministry of Housing and Local Government		
Inquiries attended	...	9

WATER SUPPLIES

There was again steady progress made during the year in the improvement of water supplies by the respective water undertakers in the County.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 122 schemes of water supplies submitted by local authorities, and other water undertakings for the County Council's observations, and total estimated cost of these being £6,848,447 and 88 schemes estimated to cost £2,403,627 had been completed or the works were substantially in progress at the end of the year.

Schemes of water supply submitted and approved during the year:—

Local Authority	Scheme	Estimated Cost
		£
Kerrier R.D.	Scheme to take temporary supply from Falmouth Borough	123,000
Launceston R.D.	Central Area Water Scheme	48,410
St. Germans R.D.	Callington—Renewal of mains at Florence	11,500
Stratton R.D.	Scheme to take water from North Devon Water Board	250,000
North Cornwall Joint Water Board	Link main—Mabyn to St. Endellion Reservoir	38,000
	Tintagel—Duplication of mains —Rockhead to Halgabron	17,500
	Total estimated cost	£488,410

The following schemes were completed during the year or the works were in hand at the end of 1956:—

Local Authority and Scheme			Estimated Cost
			£
Kerrier R.D.	...	Manaccan and St. Anthony, etc	174,000
Liskeard R.D.	...	Regional Scheme	656,380
		Widegates, etc.	16,315
St. Germans R.D.	...	Callington—Florence	11,500
North Cornwall Joint Water Board	...	St. Mabyn—St. Endellion Link Main	38,000

Of the above schemes the Regional Scheme of Liskeard Rural District should receive some explanation. This scheme is part of the Comprehensive Scheme of the Liskeard and District Water Board submitted to the County Council in 1950.

The scheme has been divided into five parts as follows:—

Section 1—The trunk main from the Liskeard Borough Council Works at St. Cleer to Polruan, some 20 miles in length, was completed in August, 1952.

Section 2—Includes 24 inch diameter Intake Main to the works at St. Cleer, and covers new treatment works and a one million gallon reservoir; approximately 75 per cent. of the contract is completed.

Section 3—Contractors for the Council are now engaged on this sector which embraces service reservoirs at St. Pinnock and Lansallos, Electric Pumping Station, collecting and elevated reservoirs at East Taphouse, and all branch mains of the St. Cleer—Polruan mains to serve villages and properties in the south-western area. The works are in progress and approximately 60 per cent. had been completed at the end of the year.

Section 4—This covers the Menheniot District and the hamlets of Merry-meet, Pengover, Crift and Doddycross. Work on this section has not yet commenced.

Section 5—Provides for a distributing system for the northern area and pumping to successive reservoirs, the last being situated at Caradon Hill from which water will gravitate to serve several of the most poorly served communities of the rural district. This section of the scheme has been divided into two parts:—

- (a) From the treatment works to the Caradon reservoir, and
- (b) From Caradon by gravitation to the villages of Pensilva and St. Ive and several hamlets.

Section 5 was envisaged as one project, but due to the operation of the Rural Water Supply and Sewerage Act, it was found desirable to deal with it in two separate parts so that grant aid can be secured on the completed part, while the second phase was in its early stages of progress.

Section 5 (a) embraces the villages of St. Cleer and Tremar Coombe (which already have local public supplies) Crows Nest, Darite, Common Moor and Minions, the latter village possessing a private system.

Section 5 (b) cannot be served until part (a) of the section is constructed for it has to be supplied by gravity from the reservoir to be situated at Caradon.

The Link Main between St. Mabyn and St. Endellion reservoir, completed during the year by the North Cornwall Joint Water Board, provides a supplementary supply of water from the Wadebridge De Lank Scheme to the Polzeath and Port Isaac areas, and should prevent a recurrence of the shortage in these areas experienced last summer.

With regard to the Stratton Rural District in the extreme north east of the County, arrangements are in progress to bring this area within the statutory area of supply of the North Devon Water Board.

It is understood that the Draft Order is now under consideration by the Minister of Housing and Local Government, and it is expected that the merger will take place on the 1st April, 1957. In the meantime detailed plans have been submitted to the local authority for the extension of the Board's mains through the Parish of Whitstone, as the first instalment of the comprehensive water supply scheme for the Rural District. The estimated cost of this portion of the scheme is £17,650.

The following grants have been approved:—

	By Ministry		By County Council	
	No.	Grant	No.	Grant
		£		£
1. Lump sum grants	48	411,795	8	94,437
2. Per annum for 35 years	—		1	1,794
3. Per annum for 30 years	1	220	41	25,248
4. Per annum for 12 years	2	1,373	5	2,074
5. Per half-year for 30 years	17	11,637	—	—

SEWERAGE AND SEWAGE DISPOSAL

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 103 schemes of sewerage and sewage disposal, submitted by the local authorities for the County Council's observations, the total estimated cost of these being £1,539,184 of which 41 schemes, estimated to cost £541,582 had been completed or were in progress at the end of December, 1956.

The following schemes have been submitted and approved during the year:—

Local Authority	Scheme	Estimated Cost
		£
Kerrier	Extension of sewer from Mullion to Polhormon	2,400
St. Austell R.D.	Fraddon—Sewerage and sewage treatment works	31,600
Truro R.D.	Flushing—To install a comminutor	1,550
	Probus—Sewerage and sewage treatment works	25,300
	Grampound Road—Scheme for reconstruction of existing treatment works	3,141
	Total estimated cost	... £63,991

Schemes of sewerage and sewage disposal completed or substantially in hand at the end of the year:—

Local Authority	Scheme	Estimated Cost
		£
Penryn Borough	Scheme to link up with Falmouth Borough	37,000
Looe U.D.	East Cliff Scheme	4,742
Camelford R.D.	St. Breward	30,075
Kerrier R.D.	Mabe	22,400
St. Austell R.D.	Trewoon and Polgooth	29,000
St. Germans R.D.	St. Germans Village	6,550
Stratton R.D.	(a) Week St. Mary	12,713
	(b) St. Gennys	4,314
Truro R.D.	(a) Goonhavern	15,800
	(b) Tresillian	16,437
	Total estimated cost	... £179,031

The following grants have been approved in respect of schemes of sewerage and sewage disposal:—

	By Ministry		By County Council	
	No.	Grant	No.	Grant
		£		£
1. Lump sum grants	18	77,975	1	1,200
2. Per annum for 30 years	6	1,870	24	7,959
3. Per half-year for 30 years	11	2,099	—	—

The following Table summarizes the grants approved by the Ministry and by the County Council to the respective local authorities in respect of schemes of Water Supply to the end of December, 1956.

Local Authority	SCHEMES SUBMITTED AND APPROVED FOR GRANT	GRANTS TOWARDS SCHEMES APPROVED									
		BY MINISTRY					BY COUNTY COUNCIL				
		Lump Sum Grants	P.A. for 30 years	P.A. for 12 years	Lump Sum Grants	P.A. for 35 years	P.A. for 30 years	P.A. for 12 years	P.A. for 5 years		
No.	Est. Cost	£	£	£	£	£	£	£	£	£	
Fowey Borough	1	65,794	14,000	—	—	—	—	—	—	—	
Lostwithiel Borough	1	7,670	1,500	—	—	—	—	—	—	—	
Saltash Borough	1	27,387	10,000	—	—	—	—	—	—	—	
Camborne-Redruth U.D.C.	2	427,160	6,500	4,400	—	—	—	—	—	—	
St. Austell U.D.C.	1	166,554	50,000	—	—	—	—	—	—	—	
St. Just U.D.C.	1	16,500	—	200	—	—	—	—	—	—	
Camelford R.D.C.	6	25,692	11,480	—	—	—	—	—	—	—	
Kerrier R.D.C.	10	852,331	80,000	180	436	—	—	—	—	—	
Launceston R.D.C.	4	31,733	7,800	—	—	—	—	—	—	—	
Liskeard R.D.C.	3	669,280	46,600	—	—	—	—	—	—	—	
St. Austell R.D.C.	6	282,112	93,200	—	—	—	—	—	—	—	
St. Germans R.D.C.	6	119,000	10,000	—	—	—	—	—	—	—	
Stratton R.D.C.	3	28,502	9,550	—	—	—	—	—	—	—	
Truro R.D.C.	12	451,375	83,540	—	—	—	—	—	—	—	
Wadebridge R.D.C.	1	470,927	37,500	2,438	1,119	—	—	—	—	—	
West Penwith R.D.C.	5	52,920	9,500	180	—	—	—	—	—	—	
N. Cornwall Joint Water Board	4	80,692	18,550	—	—	—	—	—	—	—	
Totals	67	£3,775,629	£489,720	£7,398	£1,555	£4,100	£1,794	£25,940	£2,073	£64	

* The above figures of County Council Grants do not include the following tentative grants offered in aid of the Fowey River Joint Water Scheme:—

Fowey Borough	...	£9,333	St. Austell R.D.C.	...	£55,000
Lostwithiel Borough	...	£ 750	St. Austell U.D.C.	...	£25,000

which if the scheme is completed will be paid by annuities.

GRANTS TO LOCAL AUTHORITIES FOR SCHEMES OF SEWERAGE AND SEWAGE DISPOSAL

S U M M A R Y

Since the coming into operation of the Water Supplies and Sewerage Act, 1944, no grants have been approved by the Ministry in respect of schemes of sewerage and sewage disposal for Boroughs or Urban Districts within the County.

The following Table summarizes the grants approved by the Ministry and the County Council in respect of Rural Districts to the end of December 1956.

LOCAL AUTHORITY	SCHEMES SUBMITTED AND APPROVED FOR GRANT	GRANTS TOWARDS SCHEMES APPROVED			
		BY MINISTRY		BY COUNTY COUNCIL	
		Lump Sum Grants	Per annum for 30 years	Lump Sum Grants	Per annum for 30 years
	No.	£	£	£	£
Camelford	7	128,280	580	—	2,459
Kerrier	2	43,000	490	—	835
Launceston	2	19,400	—	—	223
Liskeard	8	97,655	—	—	953
St. Austell	1	37,700	630	—	630
St. Germans	3	14,958	120	1,850	120
Stratton	4	42,461	—	1,200	923
Truro	4	53,753	500	—	667
Wadebridge	—	—	—	—	—
West Penwith	4	67,117	560	—	1,109
Totals	35	£91,350	£2,880	£3,050	£7,919

HOUSING—ACTION BY LOCAL AUTHORITIES UNDER HOUSING ACTS, 1936-1954

LOCAL AUTHORITY	Bodmin B.	Falmouth B.	Fowey B.	Helston B.	Launceston B.	Liskeard B.	Lostwithiel B.	Penryn B.	Penzance B.	St. Ives B.	Saltash B.	Truro City	Bude-Stratton U.D.	Camborne-Redruth U.D.	Looe U.D.	Newquay U.D.	Padstow U.D.	St. Austell U.D.	St. Just U.D.	Torpoint U.D.	Camelford R.D.	Kerrier R.D.	Launceston R.D.	Liskeard R.D.	St. Austell R.D.	St. Germans R.D.	Stratton R.D.	Truro R.D.	Wadebridge R.D.	West Penwith R.D.
Total number of permanent dwellings in District ...	1627	4953	983	2278			634	1398	6279	3349	2343	4257	1521	11781	1375	3902	925	8062	1472	1115	2450	6911	2074	4832	6682	5776	1721	10712	4910	6245
Total number of permanent dwellings owned by Local Authority ...	384	1207	140	436			103	488	1518	650	479	1005	174	1429	202	402	134	1673	64	226	225	618	92	522	757	558	184	862	581	544
Estimated number of houses unfit for human habitation (As per Ministry Circular 55 54) ... } 1955	182	110	37	—			60	—	—	—	135	429	56	260	9	9	100	400	120	46	225	618	92	522	757	558	184	862	581	544
... } 1956	174	107	27	—			60	150	257	64	—	429	53	260	8	—	100	366	120	46	—	2000	85	112	40	—	Nil	800	47	—
Action taken during year:—																														
(1) Number of houses in Clearance Areas for which—																														
(a) Clearance Orders have been made ...	Nil	Nil	Nil	2			Nil	Nil	45	Nil	Nil	4	Nil	21	Nil	Nil	Nil	Nil	Nil	11	Nil	Nil	Nil	6	Nil	9	Nil	7	Nil	Nil
(b) Compulsory Purchase Order made ...	Nil	18	Nil	—			Nil	Nil	10	Nil	27	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	—	Nil	Nil	
(c) Purchased by agreement ...	17	Nil	Nil	—			Nil	12	43	Nil	Nil	41	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	3	Nil	Nil	Nil	Nil	Nil	Nil	5	Nil	Nil
Total ...	17	18	Nil	2			Nil	12	98	Nil	27	45	Nil	21	Nil	Nil	Nil	Nil	Nil	11	3	Nil	Nil	6	Nil	9	Nil	12	Nil	Nil
(2) Number of houses included in Clearance Areas still to be made ...	Nil	82	27	28			60	81	96	—	84	Nil	38	75	Nil	Nil	40	85	100	32	50	—	—	48	Nil	—	Nil	2	167	126
(3) Number of houses in Clearance Areas which have been patched for temporary accommodation under Section 2 of the Housing Repairs and Rents Act, 1954	Nil	Nil	Nil	Nil			Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	2	—	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
(4) Number of houses demolished under Section 25 of the Housing Act, 1936 ...	8	Nil	Nil	Nil			Nil	Nil	44	Nil	Nil	4	Nil	4	—	Nil	Nil	12	Nil	Nil	Nil	—	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
(5) Number of houses demolished under Section 11 of the Housing Act, 1936 ...	Nil	4	Nil	Nil			Nil	2	28	Nil	Nil	6	Nil	3	1	Nil	Nil	5	Nil	2	Nil	1	Nil	2	2	7	Nil	1	4	1
(6) Number of temporary dwellings (huts, etc.) demolished ...	Nil	Nil	Nil	Nil			Nil	Nil	Nil	Nil	—	Nil	Nil	Nil	28	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	18	Nil	Nil	Nil	Nil	
(7) Number of houses declared unfit under Section 9 of the Housing Repairs and Rents Act, 1954 ...	Nil	Nil	27	Nil			Nil	104	—	1	Nil	7	3	85	Nil	Nil	Nil	119	Nil	4	Nil	19	Nil	23	Nil	49	Nil	4	Nil	41
(8) Number of houses closed as a result of an undertaking given by the owners or following the issue of Closing Orders ...	Nil	1	8	2			Nil	13	18	1	Nil	9	1	4	Nil	2	1	16	Nil	Nil	6	13	5	15	1	7	10	4	1	41
(9) Number of unfit houses occupied under licence ...	Nil	Nil	Nil	Nil			Nil	Nil	6	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	—	Nil	Nil	Nil	Nil	2	Nil	Nil	Nil	

LOCAL AUTHORITY		Bodmin B.	Falmouth B.	Fowey B.	Helston B.	Launceston B.	Liskeard B.	Lostwithiel B.	Penryn B.	Penzance B.	St. Ives B.	Saltash B.	Truro City	Bude-Stratton U.D.	Camborne-Redruth U.D.	Looe U.D.	Newquay U.D.	Padstow U.D.	St. Austell U.D.	St. Just U.D.	Torpoint U.D.	Camelford R.D.	Kerrier R.D.	Launceston R.D.	Liskeard R.D.	St. Austell R.D.	St. Germans R.D.	Stratton R.D.	Truro R.D.	Wadebridge R.D.	West Penwith R.D.
Houses erected during the year																															
(a) For slum clearance	I By Local Authority	12	Nil	Nil	3			Nil	Nil	Nil	Nil	Nil	19	2	Nil	Nil	Nil	Nil	36	Nil	Nil	Nil	Nil	1	2	Nil	Nil	3	Nil	Nil	1
	II By Private Enterprise	Nil	Nil	Nil	Nil			Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1
(b) For other purposes	I By Local Authority	Nil	42	Nil	17			Nil	26	17	32	8	30	22	70	Nil	12	Nil	52	25	9	13	23	6	30	Nil	26	9	48	9	54
	II By Private Enterprise	6	19	3	15			Nil	4	35	15	11	21	15	30	20	66	4	58	Nil	Nil	Nil	25	2	6	36	16	8	68	31	18
Houses in course of erection																															
(a) For slum clearance	I By Local Authority	7	Nil	Nil	Nil			Nil	16	48	Nil	40	15	Nil	Nil	Nil	Nil	Nil	13	Nil	Nil	Nil	11	5	3	Nil	Nil	Nil	5	Nil	1
	II By Private Enterprise	Nil	Nil	Nil	Nil			Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1
(b) For other purposes	I By Local Authority	Nil	33	Nil	10			Nil	Nil	48	1	Nil	15	11	48	Nil	25	Nil	19	19	2	Nil	Nil	Nil	10	Nil	Nil	Nil	31	Nil	27
	II By Private Enterprise	1	13	3	8			Nil	2	9	11	3	14	6	29	15	2	3	42	Nil	Nil	5	28	Nil	13	24	14	7	61	2	15
Gained—from conversion of large houses or buildings into flats or dwellings	I By Local Authority	Nil	Nil	Nil	Nil			Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	1
	II By Private Enterprise	Nil	1	Nil	Nil			Nil	Nil	3	Nil	Nil	3	1	7	3	1	5	Nil	Nil	1	Nil	1	Nil	1	Nil	6	4	7	5	2
Lost—from conversion of two or more houses into one	I By Local Authority	Nil	Nil	Nil	Nil			Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1
	II By Private Enterprise	1	Nil	Nil	2			Nil	2	1	2	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	1	1	1	2	1
Number of post-war houses erected from 1st April 1945 to 31st December 1956	I By Local Authority	253	526	89	298			48	251	690	330	256	523	151	980	128	261	*64	964	46	276	175	402	85	324	514	428	183	630	385	370
	II By Private Enterprise	113	139	8	89			6	49	180	137	109	186	81	198	99	269	40	271	11	35	61	126	45	91	194	153	60	322	192	142
Housing programme for 1957	I For slum clearance	22	17	Nil	18			8	16	64	—	41	40	10	60	Nil	Nil	Nil	32	—	29	32	60	10	6	40	10	Nil	—	10	52
	II For other purposes	Nil	18	Nil	16			Nil	6	48	—	Nil	60	—	28	4	—	Nil	48	—	Nil	Nil	Nil	6	6	Nil	Nil	Nil	—	10	6
(a) No. of temporary housing units occupied	(i) Prefabs	Nil	Nil	Nil	10			10	Nil	50	Nil	40	Nil	Nil	100	Nil	20	Nil	50	Nil	50	Nil	Nil	7	Nil	Nil	Nil	Nil	40	Nil	
	(ii) Huts, etc.	Nil	Nil	19	Nil			Nil	Nil	8	Nil	Nil	Nil	Nil	18	Nil	Nil	Nil	12	Nil	Nil	Nil	65	Nil	Nil	2	11	Nil	92	Nil	
(b) No of houses found overcrowded	...	Nil	9	Nil	Nil			Nil	21	1	Nil	Nil	40	Nil	10	Nil	Nil	Nil	—	Nil	Nil	3	2	3	1	16	Nil	Nil	2	Nil	Nil
(c) No. of houses made fit during year	...	15	118	9	21			3	9	25	12	23	82	2	143	6	19	Nil	32	Nil	3	11	Nil	41	63	23	3	87	14	Nil	8
Houses required:—																															
(i) To replace houses scheduled for demolition	...	174	124	27	56			60	104	150	57	158	450	—	36	—	1	22	366	—	40	40	1900	—	60	40	255	Nil	Nil	427	52
(ii) To abate overcrowding	...	Nil	30	Nil	Nil			Nil	21	Nil	Nil	Nil	50	—	Nil	—	Nil	Nil	60	—	Nil	Nil	2	—	—	Nil	Nil	Nil	Nil	—	—
(iii) For other purposes	...	—	421	19	44			30	97	25	61	5	430	—	253	4	—	—	574	—	Nil	10	—	—	40	Nil	Nil	Nil	Nil	101	6
Total number of applications for Council Houses at the end of the year	...	140	511	28	305			—	135	281	149	145	430	92	610	45	230	50	1000	60	181	60	335	—	100	171	192	17	471	121	400
Total number of Council Houses sold during year	...	Nil	Nil	Nil	Nil			Nil	Nil	2	Nil	Nil	13	Nil	1	Nil	1	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	

* plus 105 houses erected by Admiralty.

LOCAL AUTHORITY				Bodmin B.	Falmouth B.	Fowey B.	Helston B.	Launceston B.	Liskeard B.	Lostwithiel B.	Penryn B.	Penzance B.	St. Ives B.	Saltash B.	Truro City	Bude-Stratton U.D.	Camborne-Redruth U.D.	Looe U.D.	Newquay U.D.	Padstow U.D.	St. Austell U.D.	St. Just U.D.	Torpoint U.D.	Camelford R.D.	Kerrier R.D.	Launceston R.D.	Liskeard R.D.	St. Austell R.D.	St. Germans R.D.	Stratton R.D.	Truro R.D.	Wadebridge R.D.	West Penwith R.D.
Improvement Grants made under Housing Acts, 1949-1954																																	
No. of applications and houses dealt with by Local Authority:—																																	
(1) Applications																																	
(a) Received	...	...	31.7.49 to 31.12.55	1	46	—	31			Nil	5	51	10	13	47	8	18	4	12	Nil	25	Nil	7	48	61	20	115	70	58	24	160	30	84
			During 1956	5	34	2	16			Nil	5	48	13	12	18	1	35	—	7	Nil	23	Nil	5	—	53	7	26	32	24	5	80	2	40
(b) No. of dwellings	...	...	31.7.49 to 31.12.55	1	48	—	31			Nil	6	57	12	13	47	9	18	4	12	Nil	25	Nil	7	49	61	25	115	71	68	31	167	39	84
			During 1956	5	34	2	16			Nil	6	55	15	12	18	1	40	—	8	Nil	23	Nil	5	—	54	11	26	32	32	6	86	2	42
(2) Applications																																	
(a) Approved	...	...	31.7.49 to 31.12.55	1	34	Nil	25			Nil	5	45	6	10	43	6	13	—	2	Nil	22	Nil	5	36	58	16	104	55	54	20	129	21	68
			During 1956	5	31	Nil	16			Nil	5	43	10	9	18	1	26	—	3	Nil	22	Nil	Nil	—	49	7	23	30	22	5	74	1	37
(b) No. of dwellings	...	...	31.7.49 to 31.12.55	1	36	Nil	25			Nil	6	51	6	10	43	7	13	—	2	Nil	22	Nil	5	37	58	20	104	56	64	27	133	28	68
			During 1956	5	31	Nil	16			Nil	5	50	10	9	18	1	26	—	4	Nil	22	Nil	Nil	—	49	11	23	30	30	6	80	1	38
(3) Applications																																	
(a) Rejected	...	...	31.7.49 to 31.12.55	Nil	12	—	5			Nil	1	6	4	3	4	2	1	4	10	Nil	2	Nil	4	12	3	4	2	15	4	4	31	9	16
			During 1956	Nil	3	2	—			Nil	Nil	2	3	Nil	—	Nil	2	—	3	Nil	1	Nil	5	—	4	Nil	Nil	2	2	—	6	1	3
(b) No. of dwellings	...	...	31.7.49 to 31.12.55	Nil	12	—	5			Nil	1	6	6	3	4	2	1	4	9	Nil	2	Nil	4	12	3	5	2	15	4	4	31	11	16
			During 1956	Nil	3	2	—			Nil	Nil	2	5	Nil	—	Nil	7	—	4	Nil	1	Nil	5	—	5	Nil	Nil	2	2	—	6	1	4
NOTE—No. of applications approved in respect of owner/occupiers				6	58	—	46			Nil	5	—	8	—	56	4	38	—	6	Nil	44	Nil	5	27	—	8	10	—	37	21	147	5	26
Average cost per dwelling approved in £s.d.				£256	£211/10/-	—	£196			—	£409	£135	£193	£372	469	£400/13/10	£611	—	£482	—	£312	—	?	£287	£560	£507	£800	£430	£590	£903	£574	£555	£550
Average rent fixed per annum				£ 56	£74/2/-	—	£43/11/-			—	£32/4/4	£71/10/-	£65/13/-	£/75/2	£53/7.8	£60/16/9	£50	—	£73	—	—	—	?	£50	£73/9/-	£59	£49/16/8	£38	£58	£62	£59/3/-	£40	£55
Amount of grant payable by L.A. stated as %				50	50	—	13.7			—	47	50	50	41	47	37.87	40.7	—	50	—	50	—	50	50	46	?	40 50	33½	50	33½	35.38	47	50

TABLE I.

Estimated Population and Total Number of Births and Deaths in each County District during the year 1956.

AREA IN ACRES.	COUNTY DISTRICT	ESTI- MATED HOME POP- ULATION 1956	LIVE BIRTHS.								Stillbirths.	DEATHS.									
			Legiti- mate		Illegiti- mate		Total.	Rate.	District Comparability Factor	Under 1 Year.				At all Ages.							
			Males	Females	Males	Females				Males		Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
URBAN.																					
3,312	Bodmin	5,970	22	32	2	1	57	9.55	1.16	4	2	..	2	35.09	91	117	208	34.84	0.26		
4,294	Bude-Stratton	5,180	33	34	2	1	70	13.51	1.12	4	..	1	1	14.29	34	29	63	12.16	0.72		
Camborne—																					
22,062	Redruth	35,270	256	215	13	14	498	14.12	1.01	19	7	4	11	18.39	257	265	522	14.80	0.94		
1,880	Falmouth	16,500	120	123	11	5	259	15.70	1.08	7	1	3*	4	15.44	111	95	206	12.48	0.87		
2,979	Fowey	2,300	8	12	..	..	20	8.70	1.07	..	..	..	..	..	10	12	22	9.57	0.86
4,014	Helston	3,100	67	61	2	1	131	21.48	0.94	3	2	..	2	15.27	57	63	120	19.67	0.58		
2,182	Launceston	4,660	28	23	1	1	53	11.37	1.07	2	..	1	1	18.87	45	46	91	19.53	0.51		
2,704	Liskeard	4,310	23	29	..	..	52	12.06	1.11	2	1	1	2	38.46	35	58	93	21.58	0.38
1,691	Looe	3,720	21	17	2	2	42	11.29	1.16	3	..	..	..	..	25	19	44	11.83	0.76
3,156	Lostwithiel	2,000	8	14	..	..	22	11.00	1.09	..	..	1	1	45.45	14	14	28	14.00	0.71
4,599	Newquay	10,070	68	59	5	4	136	13.51	1.05	8	1	4	5	36.76	57	75	132	13.11	0.75		
3,343	Padstow	2,890	29	31	..	2	62	21.45	0.97	..	..	..	..	..	16	12	28	9.69	0.84
829	Penryn	4,330	44	32	1	1	78	18.01	0.95	1	2	..	2	25.64	24	126	50	11.55	1.14		
3,155	Penzance	19,800	127	91	11	10	239	12.07	1.09	8	5	2	7	29.29	134	140	274	13.84	0.85		
18,379	St. Austell	23,430	150	196	7	7	360	15.36	1.10	10	4	2	6	16.67	176	35	311	13.27	0.85		
4,287	St. Ives	8,510	43	49	..	4	96	11.28	1.08	1	..	3	3	31.25	69	74	143	16.80	0.75		
7,634	St. Just	3,980	28	26	2	..	56	14.07	1.14	1	2	1	3	53.57	25	34	59	14.82	0.88		
5,335	Saltash	7,490	68	39	3	4	114	15.22	1.04	1	1	3	4	35.09	58	53	111	14.82	0.85		
975	Torpoint	5,680	38	37	1	1	77	13.56	1.10	1	..	..	..	..	21	18	39	6.87	1.36
2,634	Truro City	13,510	84	104	7	4	199	14.73	0.99	4	2	6	8	40.20	81	100	181	13.40	0.93		
99,444	TOTALS	185,700	1265	1224	70	62	2,621	14.11	1.06	79	30	32	62	23.66	1,340	1,385	2,725	14.67	0.80		
RURAL.																					
52,544	Camelford	7,300	37	35	2	2	76	10.41	1.14	5	..	..	..	..	53	37	90	12.33	0.90
90,839	Kerrier	22,750	150	130	4	5	289	12.70	1.07	10	12	5	17	58.82	141	128	269	11.82	0.98		
73,051	Launceston	6,440	50	41	3	1	95	14.75	1.13	3	1	..	1	10.53	35	34	69	10.71	0.88		
104,803	Liskeard	13,990	96	100	4	1	201	14.37	1.14	2	..	2	2	9.95	74	79	153	10.94	0.85		
82,389	St. Austell	21,660	149	150	12	9	320	14.77	1.05	4	4	7	11	34.38	122	125	247	11.40	0.98		
48,433	St. Germans	15,820	100	99	5	6	210	13.27	1.18	5	2	1	3	14.29	127	87	214	13.53	0.90		
56,285	Stratton	5,250	44	36	..	..	80	15.24	1.31	1	1	..	1	12.50	31	27	58	11.05	1.08
108,316	Truro	26,690	183	173	7	11	374	14.01	1.13	10	2	2	4	10.70	161	215	376	14.09	0.81		
88,230	Wadebridge	15,730	110	110	5	4	229	14.56	1.08	8	2	2	4	17.47	81	96	177	11.25	0.97		
59,792	West Penwith	17,430	113	104	2	6	225	12.91	1.06	7	1	4	5	22.22	127	124	251	14.40	0.87		
764,682	TOTALS	153,060	1032	978	44	45	2,099	13.71	1.11	55	25	23	48	22.87	952	952	1,904	12.44	0.91		
864,126	Whole County	338,760	2297	2202	114	107	4,720	13.93	1.08	134	55	55	110	23.31	2,292	2,337	4,629	13.66	0.85		
4,041	Seilly Isles	1,840	13	16	..	1	30	16.30	0.94	2	1	..	1	33.33	8	7	15	8.15	1.09		

Birth and Death rates calculated per 1,000 of the population.

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England and Wales

Estimated Population and Total Number of Births and Deaths in Cornwall (Excluding Scilly Isles) During Recent Years.

YEAR	ESTI- MATED POPU- LATION	LIVE BIRTHS						Stillbirths	DEATHS								
		Legitimate			Illegitimate				Rate	Under 1 Year				At all Ages			
		Males	Females	Total	Males	Females	Total			Rate per 1,000 live Births	Males	Females	Total	Rate			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1937	308,994	1937	1883	90	83	3993	12.92	173	115	82	197	49.33	2154	2330	4484	14.51	
1938	308,297	1927	1933	94	93	4047	13.13	166	136	67	203	50.16	2100	2202	4302	13.95	
1939	(a) 308,517 (b) 312,211	1975	1771	85	78	3909	12.67	180	142	88	230	58.84	2227	2375	4602	14.74	
1940	329,138	2127	1945	100	96	4268	12.97	163	116	90	206	48.26	2357	2567	4924	14.96	
1941	371,382	(a) 2215 (c) 2456	2125	161	132	4633	12.47	183	159	108	267	52.46	2465	2721	5186	13.96	
1942	344,944	2427	2212	168	139	4946	14.31	180	135	93	228	46.09	2127	2301	4428	12.84	
1943	327,163	2378	2246	183	163	4970	15.19	164	106	72	178	35.81	2201	2388	4589	14.02	
1944	322,513	2607	2554	276	236	5673	17.59	180	132	99	231	40.72	2197	2359	4556	14.13	
1945	313,559	2225	2199	333	287	5044	16.08	178	101	84	185	36.67	2214	2367	4581	14.61	
1946	318,139	2754	2572	229	199	5754	18.09	156	136	87	223	38.75	2168	2817	4555	14.32	
1947	321,605	2940	2791	214	166	6111	19.00	177	136	77	213	34.85	2286	2449	4735	14.72	
1948	329,828	2603	2463	177	142	5385	16.33	136	117	69	186	24.51	2095	2169	4264	12.93	
1949	(d) 330,247 (e) 339,077	2442	2361	138	146	5087	15.41	127	99	65	164	32.24	2242	2416	4658	14.10	
1950	(e) 339,999	2290	2219	124	125	4758	13.99	125	78	66	144	30.26	2238	2418	4656	13.69	
1951	(e) 339,800	2310	2319	132	108	4869	14.33	116	98	65	163	33.48	2370	2493	4863	14.31	
1952	(e) 340,861	2370	2294	113	104	4881	14.32	115	84	65	149	30.52	2105	2271	4376	12.84	
1953	(e) 341,463	2347	2219	90	129	4785	14.01	118	77	51	128	26.75	2193	2332	4515	13.22	
1954	(e) 341,350	2392	2178	105	105	4780	14.00	155	67	33	100	20.92	2308	2209	4517	13.23	
1955	(e) 339,760	2100	2120	113	89	4422	13.02	131	76	42	118	26.69	2304	2370	4674	13.76	
1956	(e) 338,760	2297	2262	114	107	4720	13.93	134	55	55	110	23.21	2292	2337	4629	13.67	

Birth and Death rates calculated per 1,000 of the Population.

- (a) For Birth Rate. (d) Civilian population (for birth and death rates).
 (b) For Death Rate. (e) Total population (including non-civilians stationed in the county).
 (c) For Infant and Maternal Mortality Rates.

TABLE III.

Infectious Diseases notified in each District during the year 1956.

COUNTY DISTRICT	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism
URBAN														
Bodmin ...	8	1	-	331	2	-	-	-	2	-	-	-	1	-
Bude-Stratton ...	-	7	-	100	3	-	-	-	-	-	-	1	-	-
Camborne- Redruth ...	4	6	-	97	33	1	-	-	-	138	-	13	8	-
Falmouth ...	12	13	-	428	7	-	-	1	1	1	-	2	-	-
Fowey ...	5	5	-	3	-	-	-	-	-	-	-	-	-	-
Helston ...	10	-	-	86	-	-	-	-	-	-	-	-	1	-
Launceston ...	-	8	-	151	1	-	-	-	-	-	-	20	-	-
Liskeard ...	-	4	-	133	9	-	-	-	-	4	-	-	-	-
Looe ...	-	2	-	-	4	-	1	-	1	-	-	-	1	-
Lostwithiel ...	-	-	-	95	3	-	-	-	-	1	-	-	-	1
Newquay ...	4	4	-	10	2	-	1	-	-	-	-	-	-	-
Padstow ...	-	-	-	96	-	-	-	-	-	-	-	-	-	-
Penryn ...	-	-	-	137	1	-	-	-	1	-	-	-	-	-
Penzance ...	2	2	-	210	-	-	-	-	-	3	-	3	-	-
St. Austell ...	2	44	-	235	3	-	1	-	-	-	-	3	-	-
St. Ives ...	-	-	-	101	-	-	1	-	-	-	-	-	-	-
St. Just ...	-	-	-	42	1	-	-	-	-	-	-	1	-	-
Saltash ...	6	67	-	8	22	1	-	-	-	1	-	-	15	-
Torpoint ...	-	-	-	-	9	-	-	-	-	-	-	-	2	-
Truro City ...	2	4	-	442	-	-	-	-	-	-	-	4	-	-
TOTALS ...	55	167	-	2705	100	2	4	1	5	148	-	47	28	1
RURAL														
Camelford ...	-	35	-	488	4	-	-	-	-	3	1	-	-	-
Kerrier ...	15	5	-	152	1	-	1	-	-	-	-	-	-	-
Launceston ...	2	19	-	119	-	-	-	-	-	1	-	-	1	-
Liskeard ...	6	14	-	85	13	-	-	1	1	-	-	4	-	-
St. Austell ...	2	11	-	152	6	1	-	-	-	1	-	-	-	-
St. Germans ...	4	24	-	15	13	-	2	1	-	-	-	-	3	1
Stratton ...	-	38	-	246	1	-	-	-	-	-	-	8	-	-
Truro ...	1	20	-	124	17	-	-	1	-	1	-	1	3	-
Wadebridge ...	2	17	-	767	14	-	-	-	-	2	-	3	1	2
West Penwith ...	3	1	-	363	6	-	1	-	-	-	-	-	1	-
TOTALS ...	35	184	-	2511	75	1	4	3	1	8	1	16	9	3
Whole County ...	90	351	-	5216	175	3	8	4	6	156	1	63	37	4

Ophthalmia neonatorum ...

2

Tuberculosis ...

R 201

NR 19

Malaria (believed contracted abroad)

1

TABLE IV.

NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN
RECENT YEARS.

Infectious Disease	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Cholera ...	167	176	214	263	311	284	236	162	124	90
Crouping Cough ...	720	1393	641	729	1485	421	1211	1294	279	351
Diphtheria ...	44	27	3	16	10	11	8	—	1	—
Epidemic Typhus ...	2288	2286	3569	668	5813	1041	6391	551	2255	5216
Pneumonia ...	221	170	208	221	264	157	184	203	222	175
Cerebro-spinal Fever ...	9	4	2	8†	5†	7†	2†	7†	11†	3†
Acute Poliomyelitis	32	17	105	98†	36†	21†	30†	10†	35†	8†
Acute Polio-encephalitis ...	—	1	5							
Acute Encephalitis Lethargica ...	—	—	—	1†	3†	5†	5†	2†	5†	4†
Bacillary Dysentery ...	29	17	38	27	82	20	19	102	21	6
Neonatal Icterus ...	13	6	4	2	—	3	3	1	—	2
Puerperal Pyrexia	79	51	71	58	58	124†	127†	143†	135†	156†
Epidemic Typhus ...	—	—	4	—	—	—	—	—	—	—
Paratyphoid Fevers ...	4	1	1	—	1	4	2	—	1	1
Paratyphoid Fever (excluding paratyphoid) ...	—	2	—	2	—	—	—	—	—	—
Food Poisoning* ...	—	—	27	87	36	68	44	44	63	63
Epidemic Typhus ...	48	42	52	54	35	27	24	26	33	37
Scarlet Fever ...	1	3	—	—	2	2	2	1	—	1
Styloid Rheumatism§ ...	—	—	—	3	12	5	4	8	—	4
TOTALS	3655	4196	4944	2237	8153	2200	8292	2554	3185	6117

*—Not included in returns to Registrar-General until 1.1.49.

†—Under the Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations, 1949, which came into operation on 1st January, 1950,

(i) Acute Poliomyelitis includes Acute Polioencephalitis.

(ii) The Public Health (Cerebro-spinal Fever and Acute Poliomyelitis) Regulations, 1912, and the Public Health (Acute Encephalitis Lethargica and Acute Polioencephalitis) Regulations, 1918 and 1919 are revoked, and Meningococcal Infection made notifiable.

§—In persons under 16 years of age (notifiable from 1.10.50).

‡—The definition of Puerperal Pyrexia was revised by the Puerperal Pyrexia Regulations, 1951, which came into operation on 1.8.51.

TABLE V.

CAUSES OF DEATH AT SPECIFIED AGES, 1956.

	All Ages	0—		1—		5—		15—		25—		45—		65—		75—		Totals	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	34	—	—	—	—	—	—	—	—	5	2	14	—	10	1	1	1	30	4
2. Tuberculosis, other	3	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1	2
3. Syphilitic disease	8	—	—	—	—	—	—	—	—	—	—	3	2	1	—	2	—	6	2
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
6. Meningococcal infections	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
9. Other infective and parasitic diseases	16	—	1	2	—	3	—	—	1	1	1	3	1	1	—	2	—	12	4
10. Malignant neoplasm:																			
stomach	126	—	—	—	—	—	—	—	—	4	2	14	10	43	17	15	21	76	50
do. lung, bronchus	85	—	—	—	—	—	—	—	—	3	1	49	3	16	1	8	4	76	9
do. breast	76	—	—	—	—	—	—	—	—	—	6	—	27	—	22	1	20	1	75
do. uterus	43	—	—	—	—	—	—	—	—	—	5	—	17	—	10	—	11	—	43
14. Other malignant lymphatic neoplasms	354	—	—	3	1	1	—	1	—	9	6	59	60	63	52	52	47	188	166
15. Leukaemia, aleukaemia	18	2	—	—	1	—	—	—	—	1	1	3	4	1	3	1	1	8	10
16. Diabetes	35	—	—	—	—	—	—	—	—	1	—	7	5	6	10	3	3	17	18
17. Vascular lesions of nervous system	633	—	—	—	—	—	—	—	—	5	2	53	58	85	93	122	214	265	368
18. Coronary disease, Angina	593	—	—	—	1	—	—	—	—	3	3	120	42	140	83	108	93	371	922
19. Hypertension with heart disease	114	—	—	—	—	—	—	—	—	1	—	7	11	19	24	18	34	45	69
20. Other heart disease	1066	—	—	—	—	—	—	2	—	6	6	43	32	109	110	291	467	449	617
21. Other circulatory disease	193	—	—	—	—	—	—	—	—	3	4	17	9	40	30	39	51	99	94
22. Influenza	57	—	—	—	—	—	—	—	—	—	—	8	5	8	5	10	19	26	31
23. Pneumonia	172	12	5	1	3	—	—	2	—	—	3	13	12	14	25	36	46	78	94

24. Bronchitis	...	127	—	—	1	1	—	—	—	3	—	14	5	19	12	42	30	79	48
25. Other diseases of respiratory system	...	57	—	—	—	—	1	—	—	2	1	12	4	16	4	12	5	42	15
26. Ulcer of stomach and duodenum	...	45	—	—	—	—	—	—	—	4	—	14	2	11	1	6	7	35	10
27. Gastritis, enteritis and diarrhoea	...	24	1	2	—	—	—	—	—	1	—	1	2	—	4	4	8	8	16
28. Nephritis and nephrosis	...	56	—	—	—	—	—	—	—	3	—	9	7	4	9	12	12	28	28
29. Hyperplasia of prostate	...	46	—	—	—	—	—	—	—	—	—	3	—	11	—	32	—	46	—
30. Pregnancy, childbirth, abortion	...	8	—	—	—	—	—	—	2	—	4	—	—	—	1	—	1	—	8
31. Congenital malformations	...	23	4	6	—	—	1	—	1	3	1	4	1	—	—	1	—	14	9
32. Other defined and ill defined diseases	...	441	36	36	—	—	3	—	1	8	9	37	37	31	38	73	129	189	252
33. Motor vehicle accidents	...	27	—	—	—	—	1	—	6	7	—	5	—	2	1	2	3	23	4
34. All other accidents	...	118	—	2	—	—	5	1	6	18	1	19	5	3	5	13	35	67	51
35. Suicide	...	40	—	—	—	—	—	—	1	4	3	11	11	3	6	1	—	20	20
36. Homicide and operations of war	...	2	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2
	...		56	54	12	10	14	4	17	9	63	543	373	656	568	907	1263	2300	2344
	...	4,644																	

*including 15 deaths in the Scilly Isles.

